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PAINLESS CHILDBIRTH;

OR

HEALTHY MOTHERS,

AND

HEALTHY CHILDREN.

A BOOK FOR ALL WOMEN

BY JOHN H. DYE, M. D.

BUFFALO, N. Y.

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PREFACE.

Six thousand years of agony! Six thousand years of unnecessary suffering! It seems scarcely credible, yet it is a fact, that for all these years our race has been perpetuated in pain and anguish. What a sacrifice for woman to make on the altar of maternal affection, while all this time her male companion has accepted the traditional superstitions of the past that it *must be*, apparently satisfied to see her suffer in childbirth, with little or no effort for her relief, or the prevention of her agony.

Doubtless many to whom our views are presented will at first declare "Painless Childbirth" a preposterous idea, but it will be because they jump at the conclusion before they investigate and consider the

methods by which it is to be accomplished. It will be because they think that as woman has endured so much misery through all these years she must continue to do so for all time to come.

To blindly accept the doctrine that our race can only be perpetuated in the midst of cruel pains is a pernicious submission to credulity and superstition, almost as fallacious as it is wicked.

Though it may be contrary to what is generally observed, I assert that the terrible agony woman suffers at childbirth is unnecessary, and may, in most cases at least, either be greatly modified or entirely overcome. In proof of this assertion scores of women have submitted the plans detailed in the following pages to the test of practical experience with the most gratifying results. They have found that by following a few easy and simple instructions, the duration of labor may be reduced to a few hours or minutes, and that pains may be rendered so slight as to be scarcely worthy of notice. In addition, they have found that the same rules have entirely relieved the annoyances, so often an accompaniment of gestation.

I do not profess to have originated the idea that

childbirth should be without pain, although so far as I am aware, I have been first to show the relations between the causes of pain and their remedies, and put the same into a practical form that woman might avail herself of their advantages. I do not wish to be understood that no one else has done any thing in this direction. I have endeavored to give credit wherever it is due, and if I have failed to do justice in any case, it has been unintentional. I do not hesitate to say that I have made use of their views and added my own; at the same time I have endeavored to render them all practicable, and by the combination increase the advantages.

I confess astonishment that obstetric literature should be so barren of suggestions for the prevention of pain at labor as it is. The genius of obstetricians seems to have been directed to the successful accomplishment of labor rather than to the prevention of suffering, consequently their art has been of advantage chiefly in difficult and protracted labors, which fortunately occur in but a limited proportion of births.

My attention was at first directed to the fact that some women suffer so much more severely than others,

and I was led to inquire why the sufferings of all might not be reduced to the minimum. The answer was that the physical conditions of all women were not equally favorable to the avoidance of pain.. The next step was to decide, if possible, what caused these unfavorable conditions, and to seek for a method by which they might be rendered more favorable. Physiology had taught me that all functions, when properly performed as nature had intended, should be without pain, and as childbirth is a natural function of woman, I reasoned that it should be painless. It then remained to find means that would overcome these morbid conditions so generally attendant upon this function and make the process a painless one. How well I have succeeded, those who follow these suggestions will be able to answer.

The accomplishment of this purpose necessitated overcoming, as far as possible, the diseases peculiar to women, and a separate chapter on this subject was prepared, describing such means as would be likely to prove successful in her hands, and which I have the satisfaction of knowing have been productive of great good, although in a few instances, in which severe

complications in the way of chronic diseases existed, I have found it advisable to give special advice that could be of little use to the general reader in the conduct of her own treatment.

As the mother and child are so nearly inseparable, I have endeavored to give some practical advice regarding the recognition and treatment of the diseases of early life, fully believing that the time-honored maxim, that "an ounce of prevention is worth a pound of cure," still holds good, and if the mother recognizes the disease in its incipiency, she may often call to her assistance such means as will prevent fatal consequences, or avert lifelong affliction.

Good, healthy children must always be regarded by the pure in heart as chief of "God's choicest blessings," and it is to be hoped those whose homes are cheerless and desolate may find comfort in these pages, as well as those who rejoice in the little darling's affection. Trusting that *Healthy Mothers and Healthy Children* may afford comfort to all classes, and carry joy, happiness and health into the millions of homes over our broad land, is the sincerest wish of

THE AUTHOR.

CONTENTS.

CHAPTER I.

SEXUAL ATTRIBUTES.

Co-existent with Human Existence—The same throughout all Ages—Love Fulfills both Divine and Human Laws—The Difference Between Sexuality and Sensuality—It is a Man's Duty to Comprehend the Laws of his Being, for in Knowledge there is Safety—Ignorance will not Protect Him from the Penalty of Broken Laws—Reason should Govern His Acts—Should Govern His Passions Instead of Letting them Govern Him—Neither Sex is Complete in Itself—The Attraction of the Sexes the Basis of Marriage—Which Loves Most, Man or Woman—Sexual Passion—Not Essential to Reproduction—Mental, Moral, and Physical Influences of the Mother Upon the Unborn—Transmission of Vital and Other Characteristics—The Highest and Holiest Duties of Earth Consigned to Woman—Discretion—Universality of Definite and Well-regulated Laws—Pain, the Result of Having Broken Some Law—Unconscious Transgression—Like Begets Like.....17

CHAPTER II.

MATERNITY.

Woman's Legitimate Object—The Highest and Holiest to which She Can Aspire—What Maternity Implies—Its Beginning and End—Early Development of Characteristic Traits—Maternity Encouraged by the Ancients—All Women are Not Fit to Become Mothers—How the Transmission of Disease may be Favored or Opposed—Matrimonial Selections—Woman, Instead of Legislatures, Should Control Her Functions—How Our Civil Laws Operate—Abuses of Reproduction—Opinions of Authors—The Confliction of Social and Natural Laws—Laws Against Preventing Conception—As Many Sterile Women Want Children as Fertile Ones Want to Prevent Them—A Mistake of the Newly-Married—The Proper Age for Marriage, and its Influence on Mother and Child—Symptoms of Conception—Mothers' Marks—How Produced, How Prevented—Longings—Meddlesome Busybodies—The Plan of the Ancient Greeks—Who Should Nourish the Child.....28

CHAPTER III.

IS PAIN NECESSARY?

The Answer to an Important Question—Has the Almighty a Special Design in Afflicting Woman?—If the Descendants of Adam Escape Pain, why not the Descendants of Eve?—Special Providences—Efficacy of Prayer—The Performance of Healthy Functions Painless—Childbirth is Natural, and should be Painless—Pain a Sign of Disease—All Women do not Suffer—Uncivilized Usually Escape—Why?—Instances—Obstetrical Literature Nearly Silent—Pain is Unnatural and Unnecessary.....46

CHAPTER IV.

CAUSES OF PAIN.

Unhygienic Customs—Physical Conditions—Social Influences—Slavery of Different Stations of Life Contrasted—Irritable Nerves—Curvature of Spine—Malformations—Tight Lacing—Shape of Pelvis—Female Diseases—Improper Treatment—Errors—Marital Relations—How the Condition of the Child Affects the Mother—Its size—Hardness of its Bones—All these Causes can be Rendered Inoperative.....58

CHAPTER V.

HYGIENIC MANAGEMENT.

The Objects of Hygiene—How Surroundings Affect Pregnant Women—How She Must Conduct Herself—What Exercise Best, and How and When to Take it—Turning the Room Out Doors to Air it—The Difference between Bathing and Soaking—What Kind of Baths are Best, their Properties, etc.—The Sitz Bath—Sleep—Dress—The Spartan Law—How Sexual Influences Affect both Mother and Child—All Pain, Difficulty and Danger Unnatural.....70

CHAPTER VI.

DIETETIC MEASURES.

Composition of the Different Kinds of Food—How the Mother's Food Affects Childbirth—The First Experiment and How it Resulted—A Very Liberal Dietary—Food that Contains Phosphate of Lime is to be Carefully avoided—Acids—The

English Lady's Experiment—Must the Mother Eat for Two? —The Extra Amount of Nourishment Required.....81

CHAPTER VII.

REMEDIAL TREATMENT.

Diseases Must be Cured —An Indian Tradition — What the Squaws do—Squaw Vine—A Favorite Preparation and What it Cures—The Properties of Blue Cohosh—Its Power to Prevent Pain and Miscarriage—Proof that Remedies Prevent Painful Labor—Mothers' Cordial—Experience of Physicians—The Value of Black Cohosh—How these Medicines are to be Used—Management of Constipation—The Kidneys Must be Kept Healthy—What Causes Morning Sickness—The Fallacy of its Necessity—Shall Longings be Gratified or Not—Flatulence and Colic—Varicose or Knotted Veins—Heartburn—Piles—Shall Diarrhœa be Checked—Other Symptoms—The Sleeping Room—Pressure of the Womb on Veins—Abortion—Erroneous Idea—How Maternal Responsibilities are Evaded—Legal Consideration—Is the Crime Justifiable—Prevention of Conception or Abortion—It is Murder—Its Effect upon the Woman—Unintentional Causes —Premonitory and Actual Symptoms — Hemorrhage the Greatest Immediate Danger — My First Case—Preventive Measures and When Necessary—Nervousness—Sore Nipples Leucorrhœa—Important Advice—False Pains Distinguished from True Ones—Intense Suffering from Irritable Bladder.....91

CHAPTER VIII.

ANÆSTHETICS.

A Priceless Boon and Perfectly Safe—Accidents Among Dentists —Theoretical Objections not Sustained in Practice—The Degree of Insensibility Desired—Should Other Plans Fail, this will make Labor Painless—Who Shall Take Them and Who Shall Not—How Long Continued—Views of Physicians—Why this Chapter is Introduced.....142

CHAPTER IX.

MANAGEMENT OF LABOR.

The Period when Labor Should Occur—Code Napoleon—Instances of Protracted Labor—Preparations for Labor—Premonitory Symptoms —Indications of Labor—True and False

Pains—Management After it has Begun—Remedies for Rigidous—Encouragement—Progress, etc.—Ineffectual Labor—How Overcome—Flooding—The Cord—The Afterbirth—Care of Mother and Child—Learning the Child to Nurse—After Birth—Superstitions—Disposal.....154

CHAPTER X.

MANAGEMENT AFTER BIRTH.

Look after the Mother's Rest—Involution of the Uterus—Diet of the Mother—The Lochial Discharge—Danger of Neglect—When it is Unnatural what is to be done—After pains—Remedies—Attention to the Bladder—The Bowels—Bloating—Milk Fever—The Nipples and Breasts—Nursing Sore Mouth—Remedies—Dosing and Stuffing the Young Eminent as Soon as it is Born—Nursing—Why it Should be Done—Milk for the Child—A Very Important Matter—Regulating the Sleep of the Child—Proper Food for Children—Weaning—Dress and Bathing—Moral Considerations—Medicine for the Baby—Bowels—Jaundice—Urine—Sore Eyes—Prescriptions—Vomiting—Diarrhœa—Remedies—Colic—Remedies—Teething—Its Troubles and Remedies.....177

CHAPTER XI.

STERILITY.

A Divine Mandate—The Consummation of Love but Half Attained—Professional Confidences—Quacks and Marriage Guides—Interesting Considerations—History—Causes of Sterility—Hymen—What its Presence or Absence Indicates—The Woman Blamed—Displacements of the Uterus—Uterine Tumors—How they Act as Causes and who are to Manage them—Deformities of the Uterus—Stricture—Chronic Inflammation—Leucorrhœa—Dysmenorrhœa—Menstrual Derangements—Ovarian and Uterine Debility—Sexual Excesses and Apathy—Ovarian Diseases—Late Marriages—Sometimes the Husband is to Blame if Marriage is Unfruitful—Temperamental Incompatibility—Other Causes—Some not to be Considered—Relations of Society—When a Woman is Sterile who is to Blame..... 218

CHAPTER XII.

DISEASES OF WOMEN.

Social Customs Cause Disease—Menstruation—Its Disorders—

Ammenorrhœa—Suppression — Retention—Causes — Symptoms—Treatment—Prescriptions—Anemia — Plethora — Irregular Menstruation—Painful Menstruation—Characters—Treatment—Prescriptions—Profuse Menstruation — Causes — Treatment — Vicarious Menstruation — Leucorrhœa — Causes—Symptoms —Treatment—Chronic Inflammation of the Womb — Causes — Symptoms — Treatment — Constitutional—Local—Persistence Needed—Prescriptions—Ulceration—Symptoms—Treatment—Caustics—Healing Applications — Displacements — Different Forms of — Different Symptoms—Causes —Treatment General—Local — How to Remove—How to Cure—Acute *vs.* Chronic Displacement—Sub-Involution—Character—Causes—Dangers — Treatment —Uterine Tumors — Different Varieties —Diagnosis — Removal—Cancer of the Womb—Change of Life—Symptoms Neglected—Effect it Produces on Future Health—Management—Remedies—Conditions Considered —Uterine Stricture —Cure—Vaginismus—How it Affects Domestic Relations—Causes — Treatment — The Ovaries — Their Importance — Their Diseases—Causes—Treatment—Ovarian Tumors—The Breasts—Their Double Function—Diseases —Inflammation —Abcess—Treatment — Wasting — Causes — Non-Development—Excessive Growth—Tumors—Cancers—Diagnosis — What to Do.....249

CHAPTER XIII.

DISEASES OF CHILDREN.

Mortality—Gradation of Doses—General Signs—The Countenance—Attitude and Gesture—The Cry—The Discharges—The Circulation—The Temperature—Odors—The Tongue—Excoriations and Ulcers—Vomiting —Convulsions—Apthæ —Colds—Influenza—Croup — Pneumonia — Chronic Pneumonia — Consumption — Asthma — Whooping Cough — Mumps — Sore Throat —Quinsy — Diphtheria — Cerebro-Spinal Meningitis—Small Pox —Chicken Pox—Measles—Scarlet Fever—Erysipelas —Diarrhœa— Dysentery — Acute Intestinal Catarrh—Cholera Morbus—Cholera Infantum—Ephemeral Fever—Worms.....318

CHAPTER I.

SEXUAL ATTRIBUTES.

Co-existent with Human Existence—The same throughout all Ages—Love Fulfills both Divine and Human Laws—The Difference Between Sexuality and Sensuality—It is a Man's Duty to Comprehend the Laws of his Being, for in Knowledge there is Safety—Ignorance will not Protect Him from the Penalty of Broken Laws—Reason should Govern His Acts—Should Govern His Passions Instead of Letting them Govern Him—Neither Sex is Complete in Itself—The Attraction of the Sexes the Basis of Marriage—Which Loves Most, Man or Woman—Sexual Passion—Not Essential to Reproduction—Mental, Moral, and Physical Influences of the Mother Upon the Unborn Transmission of Vital and Other Characteristics—The Highest and Holiest Duties of Earth Consigned to Woman—Discretion—Universality of Definite and Well-regulated Laws—Pain, the Result of Having Broken Some Law—Unconscious Transgression—Like Begets Like.

CO-EXISTENT with life itself—from the earliest period of human existence to the present, obedient to the Divine command, designed to subserve one of the grandest purposes of nature, essential to the preservation and continuance of our race—are the **sexual attributes** of man.

Our first parents were created with the same physiological differences that characterize and distinguish the sexes today, and though they were created in a state of maturity, there was engrafted upon

their constitutions those self-same inherent properties that actuate mankind in the present, having been transmitted from parent to offspring through the process of generation.

What **love** is to the soul, the sexual attributes are to the physical part of man. Love is the rudimental element of the soul, the essence of the Almighty; sexual attributes, the medium through which the spirit essence is transmitted to, and engrafted upon, the physical being. Both are divine gifts, in perfect harmony with man's happiness, and conductive to his enjoyment. "Love constitutes the foundation of human nature;" it is the motive power, as it were, of our impulses, actuating, regulating, refining human character. "Sexuality implies reproduction," and associated with love, is an instinct, the office of which is to repair the ravages of death by a continual transmission of life. The sexual passion is one of the most powerful impulses, and when subordinate to reason and love, its purpose "is rather to subserve the object of continuing the species than merely its own gratification." "Sensuality is an unbridled desire which kills the soul." "It degrades love and brutalizes man."

Man is a rational being, **endowed with reasoning powers,** capable of comprehending his attributes, and understanding the laws of their application. It is his *duty* to understand and observe whatever contributes to his happiness, and avoid

whatever may cause suffering and misery. Ignorance will not protect us from the penalties of broken laws.

It is by no means the author's wish to offend the fastidious, or pander to depraved tastes, yet the conviction is constantly forced upon him that if the public were better instructed upon sexual questions, far less suffering and crime would exist. "The proper study of mankind is man," and it is very appropriately said, "knowledge is safety." Reason, instead of instinct should govern our acts. The attributes capable of contributing to our enjoyment, as well as preserving our lives, are too often perverted and abused, and thus become sources of pain and death. It is, therefore, proper that we understand these facts and live accordingly ; *that we govern our passions instead of permitting them to govern us.* This we cannot do if we do not understand the relations between cause and effect.

If we are ignorant of the necessity of restraining our animal propensities, and of keeping them within proper bounds; if we do not know their boundaries, or if we are ignorant that we incur certain penalties if we over-step these boundaries, we will be constantly liable to violate both divine and natural laws, and be punished for the same, though at the same time not realize what we are being punished for. The majority of people blame Providence for their afflictions, while the truth is

they have, though perhaps unwittingly, broken some law of their existence. It is not the author's intent to enter into the consideration of these laws and their effects in this work any farther than relates to the causes of pain in maternity, and how to avoid them, yet he hopes these hints will lead the reader to investigate the *laws of life* and the penalties imposed for violating them.

Neither sex is complete in itself, but the diversity attracts the one to the other—to complete the one by union with the other. Neither alone is capable of transmitting life, and their union is necessary, not only for the welfare of each other, but also for the purpose of carrying out the divine command, "multiply and replenish the earth." This attraction of the sexes "is the basis of marriage, and of the laws and customs which recognize the life-choice of one woman for one man."

When love is pure and true, it does not find its complete satisfaction except in the indissoluble bond of marriage. Marriage is its natural consummation.

Before sexual union it is the man that loves the most earnestly, because he sacrifices more—pains, marches, contests; he spares nothing.

When the act is consummated, it is, in her turn, the woman who loves more, and for a longer time. Then her love becomes labor and suffering; she must nourish with her blood the being to which man has communicated life; she must bring it into the world in the midst of cruel pains; she must continue for it incessant cares.—*Bourgeios.*

Most observers concede that the **sexual passion** is stronger in men than in women; indeed, some

women have none at all; and though the absence of this passion is, in most cases, the result of disease or the early abuse of this function, there are cases met with in which sexual apathy is the only abnormal condition present. In such cases philoprogenitiveness may be perfectly developed, and I have met many cases of the kind where women have become mothers without experiencing any sexual emotion whatever.

There is another class in which a proper and natural degree of passion exists, while in still another, though smaller class, it exists in an unnatural degree, often amounting to *nymphomania*, a disease manifested by excessive erotic desires, which are controlled with great difficulty, if at all. Those of the first class, incapable of experiencing the emotions that influence and control the latter, regard them with contempt and hatred, when pity would be far more proper. Fortunately, such abnormal conditions are amenable to proper therapeutic measures.

There should be neither passion, pleasure, nor pain which is not shared by both sexes. Generation is a duty; "Children are a good and not an evil," and the feelings that impel to reproduction are as much a part of nature as is the hunger or thirst that prompts us to eat or drink. But it is a physiological fact that the moderate use of any function contributes to health, longevity, and enjoyment,

while excessive indulgence is punished with physicall ills.*

Although it is possible for conception to occur where no sexual passion is manifested, nevertheless it is true "that the disposition of the woman at that time has much power in the formation of the fœtus, both in modifying its physical constitution, and in determining the character and temperament of its mind."

Her influence over the unborn does not, by any means, end with conception. For nine months she continues to impress upon it mental and physical characteristics that, to a very great extent, shape its future course and determine its usefulness in society. The moral influence of the mother must not be forgotten ; for it is while the rudimental brain and nervous system are being developed that impressions are easiest made and most apt to remain. Small influences at this time may grow into great variations of character in future.

True, the impress of the father will be seen in the child, but it is during gestation that the fœtus is a part of the mother herself—"blood of her blood, bone of her bone," and, we may add, nerve of her nerve.

Circumstances that influence the life of the mother during this interesting period, necessarily

*In this consideration, the author is desirous of being understood to mean reproduction, under such moral and social laws as govern the people where it takes place; it not being his intention to discuss monogamy, bigamy, polygamy, or promiscuity in this work.

exert a similar influence upon the child, in a greater or less degree. The stronger constitution of the mother may not be permanently impressed by external influences, while the child may be so affected that a life-time will not be long enough to efface them. Thus hereditary characteristics are transmitted and developed ; thus ante-natal influences shape the destiny of the unborn.

Excessive gratification of the sexual passions exhusts the vital and nervous forces, deranges the vegetative functions, and lays the foundation of various diseases ; and the diseases and physical conditions of the parents at the time of conception and during gestation will materially modify the constitutions of their offspring.

While the reproductive organs are not the seat of life, it is a well-established fact in physiology and pathology that they exert a most profound influence upon the performance of every function of the animal economy. Concerned as they are in the transmission of life, it is through them that vital and other characteristics are handed down to posterity, so that the welfare of the future generations depends materially upon their inheritance. Children born of parents suffering from diseases of these organs are generally defective in vital and other qualities, ill-tempered, sickly, and short-lived.—*Baker.*

Children born of parents of fair intellectual qualities, but who have indulged their animal propensities to such an extent that they are suffering vital defects, will usually be bright, keen of perception, have large heads, but will be physically weak, fall easy victims to diseases of various kinds, and in very many instances die under ten years of age.

Sometimes the arts of the physician will avert those fatal tendencies of such constitutions, but were he able to do this far oftener than he is, how much better would it be to know the laws that regulate such conditions, and by living in obedience to them, avert the penalties of breaking them. Even though cures for diseases were always possible, how much better it would be to prevent them.

Carry the question of **vital transmission** farther. Exhaust the vital qualities of the parents still more; set up the diseases that follow the breaking down of the system by excessive sexual indulgences, and the children will rarely have the redeeming qualities of the former class, but will be scrofulous, idiotic, deformed, and epileptic. SCROFULA! What a multitude of sins that word covers! Could those who use it know all that it implies, few would expose their sexual errors to the world by its utterance.

Certainly, the **highest and holiest duties of earth** are consigned to woman; she is the one who moulds the physical form of her offspring and rears it to the stature of man, and shapes its moral and intellectual destiny. The embryotic being draws nutriment and subsistence from its maternal parent, and derives its vital impress from the parent stock. Loveliness begets loveliness; purity begets purity; wisdom begets wisdom; selfishness begets selfishness; hatred, hatred; bad temper, bad temper; licentiousness, licentiousness; crime, crime., etc., etc.

Excessive venereal indulgence, excessive child-bearing, excessive nursing, are terribly destructive to the vital forces of woman's organization. * * * This slavish drudgery to maternal requirements is the cause of many distressing disorders,

producing irritability of temper, and all those domestic *contre-temps* which so often destroy the happiness of the family relation, and bring odium and disgrace upon the marital institution, designed by the ordinances of nature and heaven for the highest felicity of man and woman in a state of terrestrial existence.—*Pancoast.*

The influence of moderation in these matters cannot be over-estimated. The evil influence of excesses are to be seen in both parent and child. As the excessive indulgences exhaust the vital forces, irritability is increased, the sensorium becomes more and more acute, and trivial ills become severe pains or serious diseases, and the natural sensibility becomes so greatly exaggerated that the mother is subjected to continual agony both before and after birth.

The act of generation is a voluntary one, but nature has so placed it under the empire of pleasure that the voice of discretion is no longer heard, and the will is led captive. Hence, it is well, for hygenic reasons, to consider its laws.

Too frequent repetition of the reproductive act is known to be followed by consequences injurious to the general health. Too rigid continence is not unattended, in many constitutions, with danger, for the victory over passion may be dearly bought. Science recommends the adoption of a wise mean, between the two extremes equally destructive. By following her counsel, woman may escape from the hysterical and other disorders which often wait as well upon excesses, as upon the too great denial of that passion which claims satisfaction as a natural right.—*Napheys.*

The interests of man and woman are the same. Their object is to promote their own happiness, to prolong their own lives, and to perpetuate the race. The higher degree of perfection they at-

tain, the greater their enjoyment, the greater their immunity from suffering. Pleasure should never be bought at the expense of pain. Each succeeding generation should be more perfect than its predecessor. Our race is susceptible of culture, but it cannot be trusted to chance.

Certain definite and well-regulated laws are in existence throughout the universe. These rules must be understood and obeyed. Obedience will be rewarded and transgression punished. The providence of God asks nothing unreasonable of us, nor will it be likely to suspend any of its rules to favor an erring mortal. Ignorance will not be accepted in extenuation of disobedience. The child that puts its tiny finger into the fire, ignorant of what the result will be, is as certainly burned as the older one who knows the consequences. The insane man leaps from a precipice and is dashed to pieces on the rocks below. He breaks the law of gravity, and pays the penalty with his life. The law of gravitation is not suspended because he is unaccountable for his act. So with all other natural laws.

Pain is the result of having broken some law. Had the law not been broken, the pain would not have been felt. These are facts. They look us squarely in the face. We may reason from cause to effect, from effect to cause, the result is the same. The question plainly presented to every individual is: Is immunity from pain and suffering worth the

little effort required to prevent them? It is purposed in the following pages to consider some of the causes of pain, and teach prevention. As we improve our condition and knowledge, greater results may be anticipated, but we shall derive immediate benefit. Improvement is a forced state; if we relax our efforts we shall be extremely liable to retrograde.

We have shown that it is a fixed law that th capacities and dispositions of the parent are engarfted upon the offspring. Sick parents beget sickly children. Parents who keep their sexual functions in a state of excitement beget children that will be precocious in this direction. Consumptives beget consumptives. Venereal diseases descend through several generations, blighting the lives of many in the descent. Stock-raisers study the law of hereditary transmission, and is the human race of less consequence? All these considerations have a more or less direct bearing upon the pains and perils of child-bearing, and it is designed in the following pages to specify these causes, explain their operations, point out both preventives and remedies, and render each woman capable of painless childbirth.

CHAPTER II.

MATERNITY.

Woman's Legitimate Object—The Highest and Holiest to which She Can Aspire—What Maternity Implies—Its Beginning and End—Early Development of Characteristic Traits—Maternity Encouraged by the Ancients—All Women are Not Fit to Become Mothers—How the Transmission of Disease may be Favored or Opposed—Matrimonial Selections—Woman, Instead of Legislatures, Should Control Her Functions—How Our Civil Laws Operate—Abuses of Reproduction—Opinions of Authors—The Confliction of Social and Natural Laws—Laws Against Preventing Conception—As Many Sterile Women Want Children as Fertile Ones Want to Prevent Them—A Mistake of the Newly-Married—The Proper Age for Marriage, and its Influence on Mother and Child—Symptoms of Conception—Mothers' Marks—How Produced, How Prevented—Longings—Meddlesome Busybodies—The Plan of the Ancient Greeks—Who Should Nourish the Child.

THE office of maternity is peculiarly that of woman, and is the highest and holiest to which she can aspire. Its attainment requires many sacrifices which she is ever ready to make, and she considers herself amply repaid for the pains and perils she has to undergo when she clasps to her breast her new-born babe, the culmination of her anxiety, the central object of her affections, to her the crowning blessing of earth.

Maternity is a legitimate object of woman's existence, to be attained only through the exercise of a

certain function which, for the welfare of society, is not to be indulged outside of the marriage institution. For this reason, if for no other, the parties to a marriage contract should study the law of adaptation. Each party should possess good health, be free from any hereditary taint, and be by disposition prepared to reciprocate the love of each other. To love and be loved, to forgive and be forgiven, is essential to the happiness of both.

Philoprogenitiveness, or love of offspring, is a faculty that "renders children the richest treasure of their parents, and casts into the shade all the toil and expense they cause, and lacerates them with bitter pangs when death or distance tears them asunder. It is much larger in woman than in man." The father may love his children earnestly, ardently, but it is different from the love of the mother. His affection may be turned away from them, but the love of the mother endureth to the end.

The intensity of a mother's love is manifested in the sacrifices she makes to secure her child's happiness. Perhaps forsaken by the father of her babe, she struggles on alone in the world, careless alike of frowns and hardships, only intent upon its welfare. Dying, her last prayer is for her child.

She deprives herself of innumerable pleasures, foregoes the enjoyments of society, assumes the risks of unknown dangers, endures the pains of childbirth—many times suffering from the earliest

period of gestation until long after delivery, to attain the joys of motherhood.

Maternity begins with conception and ends only with the grave. **Maternal instincts** may exist in early life, and in the barren, but she must pass through the process of gestation, and undergo the ordeal of delivery—she must, in a word, become a mother—before she can fully realize what maternity means.

The adaptability of the female to the requirements of this important office is manifested very early in life—in childhood. While the boy plays with his ball, his horse and gun, manifests ambition, courage, power, exhibiting his aspirations to manhood, the little girl plays with her doll, imitates the matron, and by word and act, indicates her wishes for a "real baby" long before she can possibly realize, even in the slightest degree, the difficulties and dangers the gratification of her desires imply.

Though it is through sexuality that maternity is to be attained, the maternal instinct is entirely distinct from the sexual impulse, and the realization of maternity is often experienced without any knowledge whatever of sexual gratification on the part of the mother.

Professor Laycock says:

> Maternity is the first and fundamental duty of the female; the male never, in a single instance, in any organism, contributes nutrient material.

Madame Sirrey says:

Those women who comprehend their rights and duties as mothers of families certainly cannot complain of their destiny.

The office of maternity is respected the world over. In ancient Rome, the house of the newly-made mother was designated by the suspension of wreaths over the door to prevent intrusion, and as a mark of reverence. To encourage this holy office various countries have legislated in its favor, and pensions have been awarded to women who have borne many children.

All women are not fitted for the duties and responsibilities of this holy office. There are a variety of circumstances that should be considered in contemplating maternity. When one or both parents are suffering from diseases that influence primarily their vitality, and are liable to be transmitted to their progeny, *they have no right* to bring beings into the world who must perpetuate the parents' misery by a life of continual suffering. Diseases or infirmities which threaten directly the physical or moral life of the individual are propagated, above all, by generation.

The different forms of mania are liable to be aggravated by genital **transmission.** Epilepsy is liable to degenerate into cerebral maladies in the offspring. Consumption perpetuates itself in the race, and may become contagious for the other parent. Uucured syphilis is transmitted through several generations. Scrofula, unless opposed by

an excellent vital condition in one parent, will be intensified in the children. Improper temperamental alliances often develop disease among children where it had not been manifested in the parents. We should seek in marriage to neutralize by opposing constitutions, temperaments and predispositions, the morbid hereditary elements which may be found in husband and wife. Marriage alliances should never be contracted between two persons who are essentially the same in temperament; who are lymphatic and scrofulous, nervous, phthisical, etc. We should seek to oppose the debility of one parent by a strong constitution in the other. When matrimonial contracts are formed, contrary to the above rules, the wife should sacrifice her maternal desires for the welfare of the being she would otherwise bring into the world, lest she entail upon the prospective object of affection a life of continuous misery. Among the lower animals, the most studious care is taken to breed only from the very best quality of stock; quantity is sacrificed to quality; *and is the welfare of the human race of less importance?*

We contend that no parents have a right to beget more children than they can comfortably support, and we appeal to the nobler sentiments of our fellow men in support of our position. We assert that it is the privilege of every woman to control her maternal function—to say *when* she shall have children, and *how many*. It does not follow because

she is married that she shall be robbed of her health and every enjoyment in life, in compliance to the sexual behests of her companion; and no man of feeling, sense or decency will be willing to see the health, the beauty and the enjoyment of his wife sacrificed to excessive child-bearing.

A host of writers—medical and non-medical—are arrayed against the subjection of woman to the infamous **laws of modern civilization,** which are *too* often upheld by religion. By the laws of our country, it is a criminal offense to *procure,* or aid in *procuring,* or to instruct any woman by what *means* she can regulate the number of her offspring by preventing conception. Under this law she must beget children, even though she knows they must suffer and die of some hereditary malady. Under this law she must beget children and bring them up in poverty, and subject them to starvation, vice and crime. But one alternative is left, and that is the criminal one of *fœticide, or child-murder!* Indeed, this law demands that she sacrifice health, happiness, principle, and even life, in obedience to the demands of this most infamous enactment, in the passage of which she had not even a minority vote.

Could the one single law of Providence governing reproduction be suspended or reversed, and every man be compelled to have just one child, even though they might have the benefit of the following rules, the first act of our next Legislature

would be the repeal of this obnoxious law, *and every man would provide himself with a preventive.*

The distinguished writer, John Stuart Mill, says:

It is strange that intemperance in drink, or any other appetite, should be condemned so readily when incontinence in this respect should always meet, not only with indulgence but praise. Little improvement can be expected in morality until the producing too large families is regarded with the same feeling as drunkenness or any other physical excess.

The eminent Raciborski, in taking the position that avoidance of offspring to a certain extent is not only legitimate, but should be recommended as a measure of good, says:

We know how bitterly we shall be attacked for promulgating this doctrine, but if our ideas only render to society the services we expect of them, we shall have effaced from the list of crimes the one most atrocious, without exception, that of child-murder—before or after birth—and we shall have poured a little happiness into the bosoms of despairing families, where poverty is allied to the knowledge that offspring can be born only to prostitution and mendacity. The realization of such hopes will console us under the attacks upon our doctrines.

Dr. Edward Reich says:

After reviewing the multitudinous evils which result to individuals and society from the too rapid increase of families, it is much to be wished that the functions of reproduction be placed under the dominion of the will.

Dr. Napheys remarks:

Men are very ready to find an excuse for self-indulgence, and if they cannot get one anywhere else, they seek it in religion. They tell woman it is her duty to bear all the children she can.

In his work on *Fecundity, Fertility and Sterility,*

Dr. Duncan, in considering the subject of the size of families, says :

Neither the arguments of Malthus, nor any others, apparently justify us in calling on a healthy couple to limit the number of their children, when they will receive a fair education and such an outfit as will enable them to produce so much wealth by their labors as will probably insure them against want. It may well be doubted, whether for the sake of self-indulgence, and with a little more wealth, such a couple would be justified in placing a limit to the number of their children. But think of another and too frequent case. Think of a man and woman struggling with poverty, absolute or relative, with more children already than they know how to educate, to clothe, even to feed! Think of the woman bowed with ill health, peevish from petty trials! Think of the children, each on its arrival regarded as a misfortune, if not a curse, growing up unhealthy, ill-cared for, dirty, ignorant, with no better prospect than to repeat the life of its wretched parents? Would these parents do wrong in refusing to be instrumental in multiplying a race of paupers? Between these two extremes may not each man and woman ask themselves the question, whether *any* duty obliges them to procreate children whose advent they will deplore?

Some may be shocked even at the question, regarding the births of children as the special intervention of Providence. We shall not quarrel with these persons, remembering what are the faculties and possible destiny of each child born; but we cannot refuse to see that Providence will not send children without some action on our part. There is no obligation binding on men and women to begin the begetting of children. Having begun, must they go on perforce? The argument as to interfering with Providence is quite disregarded now as to epidemics, and it is a little difficult to see the distinction between interfering to prevent excessive deaths and excessive births. Indeed, if we disturb the old balance by preventing a high death-rate, it seems almost incumbent on us to restore the equilibrium by diminishing the birth-rate. It seems a strange doctrine that we, with our privilege of free-will, with reason, with religion for our guides, shall be debarred all choice in this matter, and be reduced to a level with brute beasts, each species of which is limited by

death and suffering alone. We wholly disagree with those who indulge their senses and expect Providence to protect them from the consequences of their incontenence.

I am convinced from careful study and extensive research that society or population would not suffer if the act of generation was wholly under the dominion of the will, for there are as many sterile women who desire children as there are fertile ones who wish to avoid them. The force of this observation is more apparent when we assert that in about ninety-five per cent. of cases of sterility, the barrenness is caused by diseases, and may be corrected.

The intelligent and impartial consideration of the subject is necessary, and should be taught rudimentally in our schools, even though it were advisable to establish special schools for the purpose. The law against preventing conception does not regulate the number of illegitimate children, nor diminish prostitution ; for if the fear of conception is the only barrier the law opposes to the unlawful indulgence of the sexual propensities, it is too feeble to merit a moment's thought. The immoral care nothing for it, while on the other hand, wives who cannot resist or evade the responsibilities, are often compelled to beget offspring under circumstances of the most lamentable and cruel kind.

Had woman the possession of herself, and the control of her maternal functions and duties, instead of grevious sufferings and privations, she would have health and beauty; not only of her own organization, but she would become the mother of children

equally vigorous and lovely. Surely, nothing is more wicked than to bring into the world such numbers of helpless and innocent beings to doom them to poverty, ignorance and crime, because of their parents' inability to make necessary provision for them.—*Pancoast.*

I have no wish nor intent to break any law, nor encourage others to do so, no matter how unjust it may be, but for the sake of the oppressed I seriously hope the attention of legislators will be given to the matter, and that it may receive proper scientific investigation.

The **influence of the mother** over the career of her child is immense, and it should be rightly directed. A noted divine has well said, "to be good mothers of men and women is the greatest thing in all this world;" and we will add, the better the mothers the better the children in every respect, for

"The hand that rocks the cradle is the hand that rocks the world."

Physical conditions may be cultivated, but the germs must first exist. It is difficult to give other than what we have, or transmit what we no not possess.

It is **a mistaken notion** among many newly-married people that they do not want children. Many who have thought thus have had occasion to regret their folly, when later in life the wife finds herself permanently sterile, or suffering from disease which the unphilosophical and unphysiological methods of preventing conception she has practiced, entail.

The **age of the wife** has an important bearing upon not only her health, her fertility and severity of labor, but upon the constitution of her offspring. Every man and woman should possess a plenitude of life before they communicate it to another. The body should have attained its growth for at least a year, and every function be fully and perfectly established. After puberty, the pelvis of the female undergoes important anatomical changes to fit her for child-bearing. These changes require time (several years), and it is not until they are completed that she is fully qualified to perform her part in the process of reproduction.

Comparison of the skeletons of males and females after puberty shows a marked difference in their relative breadth and depth, that of the woman being greatest, for two reasons, viz.: The accommodation of certain organs which are peculiar to her alone, and the easy expulsion of the fœtus when conception is completed. The age at which this pelvic difference matures varies from twenty to twenty-five, and conjugal unions should not, on an average, be formed prior to the earliest period indicated. Between twenty-five and thirty is the **period of the greatest fertility,** and first confinements between these ages are least difficult and dangerous.

Aristotle observed:

To the female sex, premature wedlock is particularly dangerous, since, in consequence of anticipating the demands of nature, many of them suffer greatly in childbirth, and are liable to produce imperfect offspring.

His observations are fully confirmed by writers of the present day. The children of such marriages are sickly, puny, and defective in mind and body. They inherit more readily the defects of their ancestors, and as a rule, die at earlier years than the progeny of better-timed unions.

Dr. Naphey says:

> A too youthful wife finds marriage not a pleasure, but a pain. Her nervous system is prostrated by it; she is more liable to weaknesses and diseases of the womb; and if of a consumptive family, she runs great risk of finding that fatal malady manifested after a year or two of married life. It is very common for those who marry young to die young.

Admitting that there are many exceptions to this rule, it is no argument in favor of **early marriages,** because there is nothing to be gained except in rare instances. It has been argued in favor of early marriages that uterine diseases in young girls are sometimes cured by it. The risk is too great, for in every case where one has been benefitted, hundreds have been made worse. My own observations of the results of early marriages conform to the foregoing. Many mothers have suffered from uterine and nervous diseases, while their children have possessed puny constitutions.

On the other hand, **marriages late in life** are equally objectionable. Barrenness is more frequent after thirty, while the first labors after that age are apt to be more protracted and dangerous. The farther this period has passed the more rare first births become, and at forty-six the child-bearing

period of woman ceases entirely, though some notable exceptions have been known.

The occurrence of **pregnancy occasions peculiar changes** in the mental and physical condition of the prospective mother. The menstrual function is suspended, and a profound impression is made upon the nervous system. Changes in the breasts occur. The appetite is often changed and becomes peculiar, or even depraved. There may be unnatural longings for certain articles of food, salivation, heart-burn, palpitation, pains in various parts of the body, etc. Mental peculiarities develop; the pleasant, confiding, gentle, gay, loving woman becomes hasty, passionate, jealous and bitter. Sometimes those who are naturally bad-tempered become much more pleasant. During the first two months the abdomen is less prominent than natural, and may even continue so until after quickening, but after this time it steadily increases until delivery.

One of the most annoying symptoms of gestation is **morning sickness.** In some instances it becomes so severe as to seriously endanger life. It has been an old axiom that a sick pregnancy is always a safe one, and that the absence of nausea and vomiting foreboded danger to the mother or child. For my own part, I cannot understand why a condition so extremely unpleasant is a healthful one, nor can I understand why a condition of the stomach that is pathological to a non-pregnant woman, should be physiological to a pregnant one.

My own observation does not coincide with the time-honored proverb, and I prefer to believe that nausea and vomiting depend upon conditions that it is not only desirable, but proper to relieve. In a large per cent. of cases that are so severe as to require professional attention, it is evident that in the early stages the irritability of the stomach is propagated to the stomach through the sympathetic nervous system, from the uterus and its appendages. Anything that renders the nervous system weak and irritable is capable of producing this condition. Experience has proved that remedies addressed to the stomach for the vomiting of pregnant women are generally futile, while remedies addressed to the nervous system succeed. The application of a small quantity of chloroform over the pit of the stomach lessens, or for a time suspends, the irritability of the gastric nerves and controls the vomiting. The injection of a strong solution of bromide of potassium into the rectum allays the irritability at its source, and relieves its remote influence. The dose for the purpose should not be less than a dram in an ounce of warm water. Where the sympathetic vomiting has set up an actual inflammation of the stomach, then it will be necessary to address remedies to the stomach as well as to the nervous system.

We have already referred to the influence of the mother upon the health and character of the child, and it will not be out of place if we here briefly

consider the subject of mothers' marks and beautiful children.

Although there is a great diversity of opinion about how **mothers' marks** are produced, yet the very fact that they *do* exist is evidence that there must be some cause. We will, no doubt, always be confronted with instances in which these marks cannot be traced to any assignable cause ; and, on the other hand, "assignable causes" will have proved inoperative. The profession has very generally conceded that the mind is capable of producing certain diseases in various organs, and that it has been instrumental in curing such diseases when they have existed. Admitting this fact, together with the hereditary transmissibility of disease, we can understand how these marks are produced.

Some writers have urged that there is no nervous communication between the mother and child. While we will not debate this point, we are certain there is a direct communication through the blood, which is sufficient, were we to leave "sympathy" entirely out of the question, and if *one* quality may be transmitted through this medium, *why may not others?*

No one will attempt to deny that during pregnancy the mother is unusually susceptible to external impressions ; and in view of the accumulated evidence, we regard it safe to state that any external circumstance that is capable of making a profound

or prolonged impression on the mother, may, through the blood or sympathy, affect the child *in utero.*

We might bring forward numerous instances to substantiate our views, but we regard them as entirely unnecessary. Every neighborhood has its examples. The prospective being is really a part of the mother herself, and will be subject, to a very great extent at least, to the same influences.

A practical conclusion suggested by this consideration, is to remove the prospective mother as far as possible from the operation of those influences that may make unfavorable impressions upon the fragile structure of the unborn, and surround her with such influences as create a healthful, cheerful and agreeable state of the mind. This should be remembered by husband, attendants, associates, and all who are brought in contact with her. The mind should be agreeably occupied—refinement, pure emotions, noble sentiments, equanimity should be cultivated, together with everything that contributes to good nature, enjoyment and serenity.

Avoid the presence of unsightly and disagreeable objects, and as quickly and quietly as possible divert the mind from them. Gratify unnatural "longings" as far as is consistent with reason and circumstances, and thus terminate their influence. Do not worry yourself about something you can not help, nor anticipate trouble that may never

come to pass. **Cultivate** control over the will. Dismiss unpleasant thoughts and unreasonable fancies as quickly as possible; think of something else; do not listen to the horrible and terrifying stories which neighboring gossips delight to tell, nor be kept in a state of terror and anxiety about the termination of the conception, by the yarns of those meddlesome old grannies who are always acquainted with some case that was just like yours, and something happened.

Every community is unfortunately cursed by such busy-bodies. Heed them not; they are no more capable of judging of your condition, or predicting the future, than they are to be President, and their tales are nearly always imaginary.

Contemplate grace and beauty, and by such a course you will be not only likely to avoid mothers' marks, but beget healthful, talented, beautiful children. Cultivation of mental qualities is worthy an effort. If it is desired that the unborn excel in some branch of learning or profession, let the mother exercise her mind in that direction. In a word, keep the mind free from unpleasant subjects, unhappiness, anxiety, anger, etc., but filled with agreeable fancies and charming images; cultivate graceful attitudes; remembering that her course now must be reflected in the future character of her unborn babe. The ancient Greeks surrounded pregnant women with statuary, paintings and engravings, and with good results.

It is well known that artificial feeding is one of the fruitful causes of infant mortality, consequently when no physical condition exists to prevent it, every mother should nurse her own child. With birth the cares of maternity are increased, and the obligation is imposed upon the mother of nourishing the little being she has brought into the world. Science has pointed out that it contributes to her physical welfare, and is to most mothers one of the pleasures of maternity.

I do not, however, wish to be understood as advising all women to nurse their children. Many women cannot supply milk of the proper quality, and while they might be benefitted by nursing, under such circumstances it would be extremely detrimental, if not absolutely destructive, to the child.

CHAPTER III.

IS PAIN NECESSARY ?

The Answer to this Important Question—Has the Almighty a Special Design in Afflicting Woman—If the Descendants of Adam Escape Pain, why not the Descendants of Eve—Special Providences—Efficacy of Prayer—The Performance of Healthy Functions Painless—Childbirth is Natural, and Should be Painless—Pain a Sign of Disease—All Women do not Suffer—Uncivilized Usually Escape—Why—Instances—Obstetrical Literature Nearly Silent—Pain is Unnatural and Unnecessary.

To THE child-bearing woman, few questions are of greater import, and it is to be hoped the writer will be able to convince his readers that the question may be truthfully answered in the negative.

When we observe the little suffering the lower animals experience in bringing forth their young, we are at once led to inquire: Is it necessary that the human female, created in the image of God, should suffer as she does in childbirth? Why is *she* specially selected to endure such agony? Can the Almighty have any special design in afflicting her thus?

Physiologists tell us that the healthy performance of any function is unattended with pain; that **natural processes are painless,** and that pain

is the result of a morbid condition. It is conceded that child-bearing, being necessary to the perpetuation of our species, is the natural function of woman ; consequently, if we accept the doctrines of physiology, we can only infer that *childbirth should be without peril*, AND WITHOUT PAIN.

We cannot believe that the Almighty ever intended woman should suffer such terrible misery, while her male companion, equally interested in its results, should wholly escape. If such be the design and it is necessary, then why do some suffer so much more than others? If the descendants of Adam are enabled by any means to practically escape the curse pronounced in the garden, why not the descendants of Eve?

This may seem sacriligious to those who are ever ready to blame Providence for their mishaps ; but while we respect the opinions of all, we cannot help noticing that those who are the most ready to attribute to the **dispensation of Providence** all their ills, are generally very prompt in seeking human interposition to mitigate the suffering occasioned by such special dispensation. A genuine attack of colic or cholera morbus will take the special dispensation doctrine out of a man in very short order ; and though he may pray for another special dispensation to relieve him, he is generally anxious that a speedy messenger be dispatched for a doctor about the same time ; and what is colic or cholera morbus, in comparison with the pains of

childbirth? Let those who have experienced both answer. If it is right to relieve the pains of one by human efforts, is it not right to relieve or prevent the agony of the other?

The truth is, Providence is no more to blame for the suffering of one individual than of another, and will not suspend or reverse any law to accommodate anybody. We are born subject to certain organic laws, and if through willfulness or ignorance we violate them, we must suffer the consequences. Providence is no more to blame for disease and pain than for picking of pockets, or stealing horses. We have charge of our constitutions, and if we will not learn how to care for them —learn how to prevent disease and pain—we must suffer, and no interposition of the Almighty need be expected, nor will the plea of ignorance be accepted in extenuation.

For our part, we cannot believe the Almighty the cruel, merciless tyrant many picture Him, but believe in His wisdom, mercy and justice. He has placed at our disposal abundant means for our relief if we will but comprehend and apply them.

It is not our purpose, however, to discuss the pain question upon its theological merits, still if there is the efficacy in prayer that has been accorded to it; the pains of childbirth are a consequence of the curse uttered in Genesis 3: 16–17; and if the purposes of the Almighty are ever changed, it would seem that there have already been prayers enough

offered for woman's deliverance to have effected it, for certainly she has suffered enough to satisfy the devil, much less a God.

Perhaps some enthusiastic Malthusian will set up the claim that the pains and perils of childbirth are necessary to constitute a check upon over-population. If that is the case, it would appear that after being tested six thousand years and proving a failure, it is about time the plan was abandoned and some other one tried.

It is very evident that all women do not experience the **same degree of suffering,** and we infer there must be some good reasen for the difference. Every effect must have a cause, and the question arises: Are we not capable of ascertaining the reason why some suffer less than others, and, by applying the same conditions to all, ameliorate the suffering of all?

Travelers tell us that the females of uncivilized nations suffer less in childbirth than those of civilized, and we cannot entertain the idea that the heathan mother is more a favorite in sight of heaven than her Christian sister. Hence, some other explanation is necessary, and we come to believe that the difficult, painful and tedious labors are due to some physical condition of civilized woman, which the uncivilized escape.

The uterus is a hollow, muscular organ that gradually enlarges as gestation goes forward, until the termination of pregnancy, when, for cer-

tain reasons unnecessary to consider in this connection, it contracts, and after repeated efforts, expels its contents amidst intense suffering.

The heart is a hollow, musclar organ that, by its alternate expansion, or dilation and contraction, receives the blood from the veins and sends it coursing again through the arteries to every part of the body. Its contractions are forcible, and represent an amount of muscular power immensely greater than the uterus.

The stomach is also a hollow, muscular organ that, by its contractions and motions, churns, mixes and comminutes its contents until prepared for expulsion.

The bladder is another hollow, muscular organ that dilates slowly as the urine accumulates within its cavity, until a certain degree of distention is reached, when it contracts and the urine is expelled.

All of these organs are supplied with nerves of sensation, yet they perform their natural functions without pain.

The general structure of the uterus is similar to the other organs mentioned, and expels its contents by contractions, in a manner similar to the others; then why should its operations be attended with pain and the others escape? **This reason is plain.** The heart, stomach and bladder are in a healthy condition, and in that condition not sensitive to pain. Let them become affected by disease

and every contraction they make is performed in agony.

In dyspepsia, the stomach becomes diseased, and the dyspeptic knows what it is to suffer; yet he does not believe his pain is necessary, and quietly submit to it without an effort to effect a cure.

Inflammation and other diseases of the heart create intense suffering, and disturb every function of the body.

When irritation or inflammation of the bladder occur, every contraction is attended with the most excruciating agony.

Thus it must be apparent that **when these organs are in a healthy condition, their functions are painless,** and are performed in an almost unconscious manner; but when a pathological state is developed, agony is the result.

From this we rationally infer that the reason the contractions of the womb are attended with pain is because some morbid condition of it, or adjacent structures, exists.

All accouchers have remarked that cases are often met where the contractions of the womb are prolonged and vigorous, and yet the woman will complain very little. From this we are led to infer that the anatomical construction of the parts is favorable to the process, and that the uterus and its attachments have not been rendered sensitive by morbid conditions. A healthy uterus is not sensitive, and parturition should be painless.

The eminent obstetrican, Dr. Dewes, argues:

Pain in childbirth is a morbid symptom; that it is a perversion of nature, caused by modes of living, not consistent with the most healthy condition of the system; and that such a regimen as should insure such a completely healthy condition might be counted on with certainty to do away with such pain.

Prof. Huxley says:

We are, indeed, fully prepared to believe that the bearing of children may, and ought to become, as free from danger and disability to the civilized woman as to the savage.

Pancoast, in his *Ladies' Medical Guide*, says:

It is a common belief that gestation is a period of disease and suffering, and that parturition is inevitably a painful and dangerous process. Now the great truth yet to be learned is the reverse of such impressions. It is just as natural for a woman to bring forth children as for a shrub to produce flowers and fruit. In a state of health, no natural process is painful. Pain, in all cases, is a sign of disease—it has no other significance. In its healthy condition, the uterus receives the germ of a new being, provides it with proper nourishment, expands to make room for its development, and, at the time appointed by nature, dilates its opening and contracts—a series of involuntary and painless muscular efforts—so as to throw the infant into the new existence, which its growth demands. It performs its own proper functions, just as the lungs, the heart, or the stomach perform theirs, because it was formed by the same Infinite Wisdom and Goodness who ordained that pain and sorrow should be the consequence of sin, and who ordains that health and happiness shall ever be the result of obedience to the laws of life.

It is well known that **the slave women** of this country required very little or no attention at confinement.

Their labors are generally of short duration, the pain moderate, and the woman is incapacitated

from performing her usual avocations only a few hours.

Among the poorer classes, *i. e.*, those who are robust, but compelled to depend upon their daily toil for the necessities of life—the plainest food—to whom luxury is a stranger, we often find the labor easy and speedy, and often with no attendant, except, perhaps, the husband or a little girl—not even a midwife. The woman gives birth, and in a few hours resumes her usual duties.

It is generally known among the American Indians that the **avocations of the squaws** are seldom, if ever, interrupted by an inconvenience from pregnancy or labor, except for a very short period at the time of birth. My brother-in-law, Dr. S. T. Baker, who has spent many years on the western frontier among the Indians, where he had excellent opportunities to observe and acquaint himself with their habits, assures me that a pregnant squaw does not occasion any concern from her companions. She performs the usual drudgery of her life up to the very hour of her labor, making no preparation for the coming "pappoose." When she realizes that the hour for delivery is at hand, she enters her cabin or betakes herself to some stream or spring, gives birth, washes the young "Injun" in the cold water, straps it upon her back, and before she has been scarcely missed, has returned a full-fledged mother, and resumes her labors unconscious of having undergone any very

wonderful ordeal. If the band to which she belongs is on a march when she feels that labor is upon her, she leaves the trail, and beside some brook or spring spreads her blanket, is delivered, washes the infant, straps it upon her back, mounts her pony, gallops on after the rest, whom she overtakes after one or two hours' absence. If they experience any of the annoyances of pregnancy that afflict the daughters of artificial life, they pay so little attention to them as to attract no notice whatever.

Caseaux remarks:

There are certain females who have the happy privilege of being delivered without any, or, at least, very inconsiderable pain. I had the opportunity at the *clinique* of observing a young woman in her first labor, who was aroused by the pains at four o'clock in the morning and was delivered at six. During these two hours she suffered so little that she did not consider it necessary to alarm any one, until the pains became a little more severe, when the midwife was summoned and found the head had been delivered.

Nearly all physicians can recall cases in their experience when, having been hastily summoned, they have found, on their arrival a few minutes later, that delivery was completed, and that they had been summoned as soon as the woman herself realized that the labor had begun.

In an English work on midwifery, we find the following statements:

That a respectable lady, the wife of a peer, was actually delivered once in her sleep. In another instance, a woman bore eight children without ever having labor pains, and her deliv-

eries were so sudden and devoid of sensible effort that, in more than one instance, they took place under very awkward circumstances.

While practicing medicine in the eastern part of this state (New York), several years ago, I was called several miles into the country to attend a case of obstetrics. On my arrival, the husband informed me that his wife was not much sick, and that he guessed that it was a false alarm. As it was storming violently, and was near the dinner hour, I concluded to have my horse cared for and get dinner myself before my return, whether it was necessary to stay longer or not. On entering the house I found the wife assisting in getting dinner, which was nearly ready. She remarked she was sorry to have called me out in such a storm for nothing. Dinner over, she resumed her household duties, but suddenly sitting down in a chair remarked that it was not a "false alarm" after all. We assisted her upon a bed as quickly as possible, and in less than five minutes from the time she called her husband the child was born. The afterbirth was soon delivered, and a good recovery followed. She assured me she had not experienced any pain.

Such cases could be indefinitely multiplied, did space permit, or if it was necessary; but admitting them to be exceptional cases, *they prove the possibility of painless childbirth.*

We know there are many authors who regard pain as essential to childbirth, and think woman must ever suffer as she does now; and we have been not a little surprised in examining **obstetrical literature** to find how little attention has been paid to considering the causes of pain, or to any effort toward prevention. The idea of making childbirth easy seems to have been wholly overlooked in the endeavors to develop means to relieve difficult labors. Evidently they have regarded this grand function of the uterine system a pathological instead of physiological process.

The duration of labor is a subject upon which considerable difference of opinion prevails. On account of the change the abdomen and its contents undergo at the time, the delivery should not be so quick, but that the contractions of the abdominal muscles may have time to adapt themselves to the change, and from one to three hours is not too long. This, however, is a much shorter time than is usually occupied, and labor is said to be "natural" when it lasts from six to thirty-six hours, and the woman kept in bed two or three weeks. The dangers to be apprehended from **too rapid delivery** are rupture of the perineum, flooding or syncope.

From the foregoing, it must be evident to the unprejudiced mind that childbirth is a natural process, when the mother lives in accordance with the laws of health.

Natural labor is an easy, short and painless act.

Natural labor is never painful.

The organic nerves that supply the uterus are never sensitive in a healthy state.

Irritation, debility, congestion and inflammation render these nerves sensitive and painful.

All pain, difficulty and danger are the consequences of violating natural laws.

Banish disease, enforce hygiene, establish health, and labor will not be difficult.

All of these assertions will be proven as we proceed, and full directions for relieving the pain, or of preventing it, will be given, that will convince those who try it that pain in childbirth is unnecessary.

CHAPTER IV.

CAUSES OF PAIN.

Unhygienic Customs—Physical Condition—Social Influences—Slavery of Different Stations of Life Contrasted—Irritable Nerves—Curvature of Spine—Malformations—Tight Lacing—Shape of Pelvis—Female Diseases—Improper Treatment Errors—Marital Relations—How the Condition of the Child Affects the Mother—Its Size—Hardness of the Bones—All these Causes can be Rendered Inoperative.

THE **causes of pain** at childbirth are various, and may depend upon the condition of the mother, or upon the condition of the child. These causes may be either remote or proximate, direct or indirect. In some cases the causes will have ceased long ago, but their effects will remain.

Unhygienic customs beget morbid conditions, and thus render natural processes painful. Any cause that can retard or oppose delivery, and protract labor, increases the suffering of the mother, and if continued beyond a certain point, endangers the life of both mother and child.

Childbirth to be proper and painless requires that the shape of the mother be perfect; every organ must be developed, and the pelvic bones be anatomically correct in shape. No deformity is admissible. The distance from the junction of the

pubic bones to the sacrum must be sufficient to permit the passage of the child without too great a degree of pressure. There must not be any unnatural obstructions. The abdominal, pelvic and uterine muscles must possess sufficient power that they may complete the process without undue delay, when expulsive efforts begin. The nervous system must be quiet, and the mind must be at ease. Every tissue must be healthy; no morbid conditions present. Then the child must not be deformed, too large, nor its bones too much ossified. Secure these conditions and labor will be materially shortened in duration, and the suffering reduced to a minimum.

Modern social customs impose upon woman artificial modes of life that impair her constitutional vigor, deform her body, pervert her functions, render her an easy prey to uterine diseases and to prolonged and painful childbirth. These customs are indirect or remote causes of pain, because they create conditions of life which, in their turn, render pain unavoidable. The uncivilized mother, uninfluenced by fashion, with the abdominal and pelvic muscles well developed by the exercises to which her life subjects her, her hips broad and deep to support the burdens she must often carry, her nervous system not rendered acutely sensitive by debility or disease, almost entirely escapes the pains and perils of childbirth to which the society woman falls a victim.

Bring the matter nearer home, and let us compare the slavery of the two classes—the one woman a slave to fashion and society, the other a slave to physical necessity. The first, malformed by dress, the muscles undeveloped, and the sensory nerves made intensely sensitive by disease and her manner of life, suffers long and severely at such times, while the other, well formed by nature, developed by the exercises her position in life necessitates, with no irritable or inflamed nerves to annoy her, pays no attention to it further than the inconvenience occasioned by a few days' absence from work, and the additional tax upon her resources for the maintenance of her child. Again, during pregnancy and probably for some weeks after delivery, the suffering of the fashionable woman has been continuous, while the other has scarcely noticed her condition.

There is a noticeable difference in the degree of the anterior curvature of the spinal column at its lumbar portion, between the lower ribs and the hips, in the two classes of women—the society lady's back bending inward or forward considerably the most, so that the power of the vertebral pile to support weight from above downward with ease, is diminished on account of the greater angle, giving rise to the sensation of "backache, as if it would break in two."

This is one of the **results of tight-lacing** and insufficient physical culture, and to any one who

will consider physical laws, its influence in producing female diseases, in prolonging labor and increasing its pain, must be obvious. This increased curvature throws the abdomen forward beyond the direct line of the body, and in childbirth much of the abdominal muscular effort, particularly of the diaphragm, is lost, because it is expended in the direction of a line with the pubic bones instead of the cavity behind them, the pubic bones opposing a force that no muscular effort can overcome, even were such a result desirable. In such cases the labor is protracted on account of the improper direction of the muscular force, which is often feeble on account of the customary inactivity of the muscles preventing their natural development.

The woman who, in her daily labors, is compelled to perform such exercises as develop all her muscles, particularly the erector muscles of the spine, to support the heavy weight she is often obliged to carry, by developing a natural condition, prevents the extra curvature the other sustains, so that when labor comes upon her, the abdominal muscles, acting in harmony with the efforts of the uterus, effect an easy and quick birth, because no force nor effort is lost by being directed in a line deviating from the direction the child must take to make its exit.

Another way in which tight-lacing becomes a cause of painful childbirth is by confining the movements of the diaphragm so as to enfeeble it;

at the same time the abdominal viscera are compressed into a space too small for the healthy performance of their functions, and being prevented from escaping upward, naturally gravitate downward, and by their pressure displacing the organs of the lower abdomen into the pelvis. The circulation is thus rendered defective, and the vitality of the pelvic organs being impaired, they become congested, sore, tender, irritable, painful, diseased—a condition of things that necessarily cause pain at childbirth.

Deformities of the bony structures of the pelvis necessarily increase suffering, and imperil the lives of both mother and child in a direct ratio with the degree of deformity. In such cases, child-bearing should not be attempted, for when the deformity is so great that instrumental delivery is impossible, but one of two alternatives remain : Embryotomy or Cæsarean section--the first of which sacrifices the child, and the second is pretty certain to sacrifice the mother.

Tumors within the pelvis retard and endanger delivery according to their situation, size and structure, and if they involve or press upon nerve filaments they occasion very great agony. Their removal must be effected before delivery.

Inflammatory **diseases of the womb** necesarily increase the suffering. This organ is profusely supplied with nerves which are involved in the inflammatory process, and thus become acutely

sensitive, as every woman who has been affected by it can testify. It is so sore and tender that the slightest touch is painful, much less the severe efforts of parturition. Inflammation also gives rise to another source of pain, a change in the structure of the tissue inflamed, by which its elasticity is greatly diminished. Occurring in the neck of the womb, it is easy to see how this may cause pain by interfering with the dilation of the mouth of the womb—a condition that must take place before the birth can occur. In its natural state, the circular muscular fibers that exist here are capable of great distention, but when rendered inelastic by the products of inflammation, the dilation is intensely painful, and may rupture the fibers.

The employment of caustics, and incisions in the neck of the womb, for the cure of disease or removal of strictures, is apt to be followed by cicatrices which, being inelastic, are liable to unequal dilation and an increase of pain. Necessary as these practices may be, they are certainly open to this objection, high authorities to the contrary notwithstanding. Any one having a scar or cicatrix on their person knows that it will not stretch like other tissues, and is often very sensitive. Some writers have labored hard to prove that the tissues of the uterus were not subject to the same laws as tissues in other parts of the body, and consequently the results of inflammation, caustics and incisions would not affect the womb unfavorably, but it is

certainly presuming very much upon the healing power of nature, to say the least.

Any cause that can render any part of the generative apparatus sore, sensitive, and tender, whether inflammation, ulceration, swellings, common leucorrhœa, diseases of the bladder, piles, and in fact anything that impairs the integrity of any tissue, whether of the generative organs themselves or adjacent structures, necessarily increases the suffering at the time of birth. **Undue dryness** of the passages may also be considered a cause, and can usually be overcome by artificial means. Any emollient or unirritating oily substance applied freely will answer.

Anything that increases **morbid irritability** increases the suffering, which may be rendered intensely acute, even though not the slightest change of structure be visible This increased sensibility is probably due to some change in the nerves themselves, which, in the present state of pathology, we are not able to appreciate. One thing, however, is certain ; that morbid irritability is a concomitant of exhaustion, and if the nervous system has been debilitated and irritated by masturbation or sexual excesses, an increase of suffering will be pretty likely to occur.

Rigidity of the perineal muscles is apt to cause pain in the latter stages of the labor. Sometimes the rigidity is so great that the perineum will rupture instead of relax, for the prevention of

which slight superficial incisions have been recommended. In this condition, anæsthetics are beneficial, and so are relaxants, if the management previous to this time has not been proper or effectual. (See subsequent chapters.)

From the time when labor begins until it terminates, there is usually more or less continuous suffering of variable intensity, so that speedy delivery is desirable as a means of ending the suffering. The labor, however, should not be so short as to occasion the dangers alluded to in a previous chapter.

The condition of the child as a cause of pain remains to be considered, and is of the very greates importance, because we have it in our power to control the condition of which we are about to speak, without danger or detriment to the child or mother.

The **average weight** of the newly-born child is said to be seven pounds—some are considerably smaller, others much larger. I have seen children live and thrive that did not exceed five pounds, and I have been present at several confinements when the child's weight exceeded ten pounds, and one instance when the child weighed fifteen pounds. Births are said to have occurred when the child has weighed eighteen pounds, but such instances are exceedingly rare, and must certainly be difficult and painful. The reasons are obvious.

Beyond a certain size, as the weight of the child increases under ordinary circumstances, the pain and difficulty of the labor increases. Dropsy of the head increases the trouble. Wherever the head will pass, if there is no deformity, the rest of the body will pass, the passage of the fœtal head always being the most difficult and painful part of the entire process of parturition. The larger the child, of course, the larger the head will naturally be, so that it is a proper consideration to inquire how we may, with safety to both mother and child, control the growth of the child *in utero*, and we introduce the subject here because it has a direct bearing upon the suffering of the mother. It requires no argument to convince any one that while a small child may be born with little or no difficulty or pain, the same mother may find it absolutely impossible to give birth to a large child—to a child with a large head, or a deformed child.

We now come to consider the **bony development of the child** as a cause of pain and difficulty at childbirth. It is often a subject of remark that the formation of bone in the skulls of some infants at birth is not nearly as far advanced as in others, and yet such children thrive equally well.

At birth, the bones of the cranium have not been united by the ossific process, but admit of considerable mobility, so that by pressure the shape of the head may be materially changed, temporarily, without injury. Applying these observa-

tions to the transit of the child through the maternal passages, and we speedily arrive at the conclusion that the softer, more spongy, cartilaginous these bones are at birth, the more compressible the head will be, and the more readily it will adapt itself to the passage, changing according to the necessity, while, if the process of ossification —bony development — is well advanced, such adaptability cannot take place, the labor will be more difficult, greater pressure will be necessary and more pain experienced.

Everybody is well aware that a soft body or substance the same size of a hard one will readily pass through an opening or tube through which the hard body cannot pass at all, or only with great difficulty.

In the early stage of development, bones are soft and flexible, being composed of animal matter (gristle), but gradually become hard by the deposits of calcareous matter (lime) within their structure. All bones do not undergo this hardening process simultaneously, but it is completed in different bones at different periods of life. There seems to be no good reason why the bony system should have progressed beyond the cartilaginous stage of development at birth, for there is plenty of time after this event for osseous development before any very great necessity for the presence of bone will be experienced by the child.

It is a well-established fact in physiology and therapeutics that when bony development is tardy, and the bones are incapable of supporting the weight of the body, protecting its cavities, or preserving its symmetry, even when the process of teething is delayed, the administration of some of the preparations of lime as a medicine, or the selection of a diet containing considerable lime, is productive of good results. The lime administered artificially as medicine, or naturally as a food, supplies the deficient constructive element, and the development of bones goes on to completion. This being the case, the questions naturally arise:

If we can increase the supply of bone-producing material when deficient, can we not dimininish it if excessive?

If we can hasten development, can we not retard it?

If we can retard it after birth, can we not before birth?

If we can retard ossification before birth, then why can we not absolutely control the condition of the child's head and keep the bones sufficiently flexible to admit of easy delivery?

All these queries can be answered in the affirmative. Experiment has proven that such results are not only possible, but that they are safe and practical.

Nervous excitement may be a cause of pain. It is well known that some persons suffer far more

from the same cause than others, and it is reasonable to suppose that the more nervous the woman is during gestation and delivery, the more intensely she will suffer. It is those who lead artificial lives or those whose constitutions have been shattered by disease, that are troubled with "nervousness"; and, if no precautions are taken, it is reasonable to expect that such persons will suffer most at childbirth.

Having briefly considered the most important causes of pain, in the subsequent chapters we shall endeavor to instruct the reader how to render these causes inoperative, and to remove the parturient female from their influence.

CHAPTER V.

HYGIENIC MANAGEMENT.

The Objects of Hygiene—How Surroundings Affect Pregnant Women—How She Must Conduct Herself—What Exercise is Best, and How and When to Take it—Turning the Room Out Doors to Air it—The Difference between Bathing and Soaking—What Kind of Baths are Best, their Properties, etc.—The Sitz Bath—Sleep—Dress—The Spartan Law—How Sexual Influences Affect both Mother and Child—All Pain, Difficulty and Danger Unnatural.

THE **object of hygiene** is to secure the most perfect health possible and prevent sickness. To this end it may be necessary to place certain restrictions upon our customary habits. We say restrictions because many of the habits we may have developed by artificial modes of life are apt to be inconsistent with perfect physical development.

The special object in introducing the subject here is to secure for the mother the most perfect physical standard, and, at the same time, endow her unborn child with a perfect constitution.

The pregnant woman should avail herself of every possible means to improve her physical health, and avoid every influence that can possibly fret, annoy, distress, or in any way injure her.

The husband, and those who habitually must associate with her, should endeavor to preserve the tranquillity of her mind, remove all sources of anxiety, relieve all annoyances, and by every possible means contribute to her vigor, cheerfulness and happiness. Her associations should be of the most cheerful, pleasant, graceful and happy character, such as remove her mind from gloomy forebodings, anxiety, fear and selfishness. She should never be surrounded with any imperfections, nor be annoyed with the contemplation of misery, deformity or unhappiness. She should never be compelled to hear stories of horror, which Dame Grundy so much delights to tell.

Before important surgical operations are performed, more or less time is generally spent in putting the patient in the most perfect physical condition possible, that the system may be better able to bear the shock of the operation, a change that will result in diminishing pain and danger, and hasten recovery. If physical perfection is a matter of so much consequence under such circumstances, how much more important it is when the welfare of two beings is at stake?

If conception occurs while the woman is nursing another child it should be weaned at once, for her physical forces will rarely, if ever, enable her to maintain both without impairing their vitality and injuring herself.

The pregnant woman should not lead a life of indolence, nor should she, on the other hand, indulge in prolonged or violent exercise. Much must depend upon the natural vigor she possesses.

Owing to the extreme liability of some women to miscarriage, they will find it necessary to avoid motion almost entirely. This no doubt proceeds from some local weakness or irritability that is aggravated by motion. Fortunately, such cases are rare, and the best treatment is quiet, with passive motion. This condition frequently disappears after a certain period of gestation has been reached.

With this rare exception **exercise** is always beneficial, if moderately indulged, and is most beneficial when carried on in the open air, but should never, under any circumstances, be so active or long continued as to induce fatigue. Probably walking is the best form of exercise that can be taken, although when the pregnancy is far advanced it may become so difficult and painful that it may be omitted. When, for any reason, walking is not advisable, riding in an easy carriage may be substituted.

No matter whether she is to walk or ride, care should be taken that it is agreeable and pleasant. There should be some agreeable, animating object in view. The woman must not be made to realize that the walk or ride is a forced routine. The mind as well as the muscles must be diverted, else the exercise becomes monotonous and tiresome—a

damage instead of a benefit. The same road or path should not be selected each day ; the mind is to be occupied by new attractions; a variation of scenery and circumstances. The exercise should be frequently repeated and not too long continued, and should be carried on in the open air in the sunshine.

A gently active life is best calculated to preserve the health of the mother and her unborn child. The object is to increase and conserve the physical forces—to invigorate. Violent or prolonged exercise is to be avoided. Running, dancing, rowing, lifting, carrying heavy weights, as well as riding in uncomfortable or uneasy carriages, over rough roads or upon horse-back, are objectionable. Railway travel is unwise, the continuous jar of the cars being equally as dangerous as violent jolting.

The nearer delivery approaches the more repose and quiet may be indulged. The use of the sewing machine should be discontinued.

Pure air and plenty of it is the rule, and not only should the exercise be taken out of doors as much as possible, but the air of the rooms she occupies should be free from impurities. The air should be frequently changed, and is best done when the rooms are unoccupied. Give them frequent airings and avoid extremes of heat and cold. Perfect ventilation does not imply that the rooms are to be *turned out of doors* or the temperature reduced to the freezing point. A small opening at

the top and bottom of the rooms will secure a constant change of air—a constant admission of oxygen and escape of carbonic acid gas—and yet the temperature may be maintained at an agreeable pitch. It is a mistaken notion that cold air only is pure.

The apartments do not want to be dark. Let in the rays of the sun ; receive their vivifying influence. Plants will not thrive in the dark, and neither mother nor child can flourish without sunlight. **Sun baths** are decidely beneficial. Sit in the sun half an hour or more daily. Feeble women will find it an agreeable tonic.

By exercising in the forenoon we get the use of the best physical strength, and at a time when every organ is in the best condition to profit by it. It is then that exercise is a pleasure. In the **morning, exercise** is apt to refresh. In the afternoon it is liable to fatigue. In the forenoon we are most apt to have sunshine, and the air is purest and most exhilarating.

Bathing is beneficial when properly employed, but extremes must be avoided ; there is no sense in *soaking* a person to death on the one hand, nor completely obstructing the pores of the skin with dirt on the other. The temperature of the bath, the time of its employment and the object to be attained must always be considered.

It is folly to suppose the same kind of bathing will answer every purpose, for bathing implies

something more than mere cleanliness; the temperature materially influences the result; and while one woman may be greatly benefitted by a cold bath another will be injured by it. Those who have an abundance of vitality will find the cool, or even cold bath beneficial and agreeable, while those of a feeble constitution may be so chilled and injured by it that reaction failing to occur, serious internal congestions, and even fatal consequences may follow.

As a rule, bathing should be agreeably tempered to suit, varying from cold to hot, partial or complete, plunge, tub, sponge, douche, sitz, etc.

Probably the temperate, or tepid bath will be suitable for the greatest number. Immediately after emerging from it, the body should be rubbed thoroughly dry with a coarse towel, that proper reaction be induced. Usually, the bath may be continued from three to ten minutes, and the lower the temperature the shorter duration.

Cool baths are most beneficially employed in the fore part of the day, the object being mainly to secure its invigorating effect, while the warm bath, on account of its soothing, calming influence, is most beneficial in the latter part of the day or evening.

Women who have previously been in the habit of cold, plunge or shower baths should not discontinue them now; but if they have never accustomed themselves to them it is doubtful if it is best

to begin them while in this condition, lest the shock they occasion cause miscarriage.

The temperature of the different kinds of baths varies considerably, as will be seen from table :

Cold bath	30° to 60°	Fahr.
Cool bath	60° to 75°	"
Temperate bath	75° to 85°	"
Tepid bath	85° to 92°	"
Warm bath	92° to 98°	"
Hot bath	98° to 110°	"

Nervous women will find that a warm bath, taken just before retiring, will allay irritability, nervousness, and induce agreeable sleep. It moderates pain and soothes the entire system ; and if not continued too long will not debilitate, but rather invigorate. Bathing should not usually be indulged in while digestion is going on.

Baths may be medicated or not, as desired. For the purpose of cleanliness, the tepid sponge bath is most available, though the sponge employed briskly in the morning, moderately cool, and followed immediately by a brisk rubbing, is to be commended ; and those who have not the facilities for immersing the whole body will find it an excellent way to apply the tepid or warm bath at night.

With reference to the employment of the sitz bath we cannot do better than quote from the well-known author, Dr. Shew :

Pregnant women receive much benefit from a constant use of this bath. A small tub of sufficient size, set upon a very low stool, or anything by which it can be raised a few inches, is

quite sufficient. Unpainted wood is the best material, metal being unpleasant and cold. The water is used from one to five or six inches deep. The length of time this bath is used varies from a few minutes to two hours or more. To avoid exposure to cold it is best to uncover only the part of the person to be exposed to the water. This bath has the effect of strengthening the nerves, of drawing the blood and humors from the head, chest and abdomen, and of relieving pain and flatulency, and is of the utmost value to those of sedentary habits. It is sometimes well to take a foot bath, tepid or cold, at the same time. If a large quantity of cold water were used in this bath, it would remain cold too long, and thus drive the blood to the head and upper part of the body, which might be very injurious; but the small quantity of water used at once becomes warm and thus admits of speedy reaction. In some local diseases of the lower parts, when there is inflammation, and the cold water feels most agreeable, the water is frequently changed. If there is any inclination to headache, or too much heat in the head, a cold bandage upon the forehead and temples is good. It is often well to rub the abdomen briskly during this bath. The sitz bath may be used by any person, whether in health or otherwise, without the slightest fear of taking cold. Let those subject to giddiness, headache or congestions of blood in the upper regions try this, and they will at once perceive its utility. In those troublesome itchings which often afflict pregnant women, this application may be made as often as the symptoms occur, and will be found a sovereign remedy

It is not desirable that any shock should be given the system, and the temperature at which the bath is begun should usually be about that of the tepid bath. It can be employed at any time of day, and is agreeable in the evening at such times as when the warm general bath is not being used.

Plenty of **refreshing sleep** is essential to the welfare of both mother and child. At least, eight

hours is advisable. It favors the tranquillity of both mind and body, and not only relieves the uneasiness and inconvenience sometimes attending this condition, but is a potent preventive of habitual miscarriage. The sleeping room should be quiet and airy, neither too warm nor too cold ; the bed moderately hard ; the covering light, but sufficient to prevent chilliness ; mattresses are to be preferred and feathers prohibited. Occasionally, a nap during the day is admissible, and frequent rests desirable ; but in resting, it is not best to sit on cushions, for, by the warmth of the body they occasion, they induce congestion of the pelvis, a condition particularly to be prevented.

The dress should be loose and comfortable, and so arranged that unequal pressure is avoided. It should be suspended from the shoulders instead of the waist and hips. Stays and corsets, if worn at all, must be loose enough to admit of perfect freedom of the abdominal muscles, and after the fifth month had better be laid aside. It would be better for all women if they would never wear corsets, for they impair the power of the muscles they surround.

Any attempt to conceal her condition by lacing, stays or tight dresses cannot be too severely condemned, and will be certain to be followed by bad results, which, in many instances, will not admit of a remedy. The Spartan law directed that preg-

nant women should wear large dresses, so as not to prejudice the free development of the precious charges of which nature had rendered them the momentary depositories.

Care should be taken that the breasts are not pressed upon, nor injured in any way.

Flannel underclothing is always best, unless in the few exceptional cases where the skin is exceedingly sensitive.

In no case should tight garters, if indeed any, be worn, on account of their tendency to obstruct the circulation and cause cold feet and the knotted condition of veins, that give so much trouble subsequently.

The sexual relations at this time should be of the most moderate character, for it certainly will, if freely indulged, exhaust the mother and impair the vitality of the child, inducing in its constitution precocious sexual development. The mind should be free from the subject, and every circumstance that has a tendency to promote desire should be studiously avoided. For this reason, separate beds and even sleeping rooms for both husband and wife are to be recommended. On the other hand, ungratified desires, where so great as to gain control of the mind, are liable to mark the fœtus with an insatiable appetite. It is for this reason we counsel moderation, and believe the moderate

gratification of any appetite, when consistent with reason, is better than absolute denial. Temperance is the best conservator of health and pleasure.

"Just in proportion as the mother observes the laws of health, so will the labor be short or protracted, hard or easy. Just as life is natural, labor is natural, and a natural labor is not painful or dangerous. The organic nerves which supply the uterus are never sensitive in a healthy state. It is only in disease that they have pain. All the pain, difficulty and danger of childbirth is the resuli of disease. Banish disease and we rid ourselves of its consequences."

CHAPTER VI.

DIETETIC MEASURES.

Composition of the Different Kinds of Food—How the Mother's Food Affects Childbirth—The First Experiment and How it Resulted—A Very Liberal Dietary—Food that Contains Phosphate of Lime is to be Carefully Avoided—Acids—The English Lady's Experiment—Must the Mother Eat for Two—The Extra Amount of Nourishment Required.

Since the **composition of different kinds** of food has been determined by chemical analysis, the influence of diet upon physical conditions is capable of comprehension, and there no longer remains any doubt of the importance of a well-selected diet in pregnancy. It has been proved that at least some of the unpleasant phenomena attending this condition can be overcome or avoided by a properly regulated diet.

We have already had occasion to allude to the influence bony development of the fœtus exerts upon the ease or difficulty of childbirth, and it is now appropriate that we consider the **relation of diet to bony or osseous development.** It is well known to physiologists that the various structures of the body are elaborated from the materials supplied by the food, and that if certain nutritive elements are deficient, those structures into the

composition of which they enter, must necessarily be defective.

Bones are composed very largely of calcareous or earthy matters, and the process of ossification is not completed in all the bones until the individual has reached adult life.

In the early stages of fœtal life, what afterwards becomes bone is in a state closely resembling gristle, and it is not until several months have elapsed that the deposit of earthy matters takes place in this gristly substance, but so rapidly does it then take place that at birth some of the bones have acquired considerable hardness, and thus preserve the form and shape of the child. This bony development, therefore, we desire to retard, in order to render the birth easy; and as the earthy substances that form bone, as well as the materials that compose the other structures of the child, must necessarily be derived from the blood of the mother, and her blood in its turn be supplied by her food, the question naturally presents itself: Why cannot the food of the mother be selected so that there shall be a sufficiency of all the nutrient materials except that which occasions the hardening of bones?

So far as we know, this subject was first brought to public notice by an English chemist named Rowbotham, by the publication of a small pamphlet in 1841. This pamphlet is now out of print, but the principles it contained have been made the

central idea of a treatise entitled, *Parturition Without Pain,* by M. L. Holbrook, M. D., to which very valuable little work I am greatly indebted for many important suggestions.

Mr. Rowbotham's idea originated from reading the physiology of the development of the fœtus, from which he reasoned that the calcareous substances being deposited from the mother's blood, a diet deficient in this element would materially affect the character of the birth. His wife having suffered severely in two previous births he determined to try the experiment of a restricted diet, with the hope of relieving her suffering, and the result being so satisfactory he made it public in the pamphlet referred to above.

She had, on this occasion, two years and a half after the last delivery, advanced full seven months in pregnancy before she commenced the experiment, at her husband's earnest instance; her legs and feet were, as before, considerably swelled, the veins distended and knotty, and her health diminishing.

She began the experiment in the first week of January, 1841. She commenced by eating an apple and an orange the first thing in the morning and again at night. This was continued for about four days, when she took just before breakfast, in addition to the apple and orange, the juice of a lemon mixed with sugar, and at breakfast two or three roasted apples, taking a small quantity of her usual food, viz.: wheaten bread and butter. During the forenoon she took an orange or two and an apple. For dinner she took fish and flesh in small quantities, and potatoes, greens and apples—the apples sometimes peeled and cut into pieces, sometimes boiled whole, along with potatoes, sometimes roasted before the fire and afterwards mixed with sugar. In the afternoon she sucked an orange, or ate an apple or some grapes, and always took some lemon juice mixed with sugar or

treacle. At first the fruits acted strongly on the stomach and intestines, but this soon ceased, and she could take several lemons without inconvenience. For supper she had again roasted apples or a few oranges and rice, or sago boiled in milk; sometimes the apples peeled and cored were boiled along with the rice and sago. On several occasions she took for supper apples and raisins or figs, with an orange cut among them, and all stewed together. Two or three times a week she took a teaspoonful of a mixture made of the juice of two oranges, one lemon, half a pound of grapes and a quarter of a pound of sugar or treacle. The sugar or treacle served mainly to cover the taste of the acids, but all saccharine matters are very nutritious. The object of giving these was to dissolve, as much as possible, the earthy or bony matter she had taken with her food during the first seven months of her pregnancy.

She continued in this course for six weeks, when, to her surprise and satisfaction, the swelled and prominent state of her veins, which had existed before she began, had entirely subsided; her legs and feet, which were also swelled considerably, had returned to their former state, and she became so light and active she could run up and down a flight of more than twenty stairs with more ease than usual, when she was perfectly well. Her health became unwontedly excellent, and scarcely an ache or a pain affected her up to the night of her delivery. Even her breasts, which, at the time she commenced the experiment, as well as during her former pregnancies, were sore and tender, became entirely free from pain, and remained in the very best condition after her delivery and during her nursing.

At nine o'clock on the evening of March 3d, after having cleaned her apartments, she was in the adjoining yard shaking her own carpets, which she did with as much ease as any one else could have done. At half-past ten she said she believed her time had come, and the accoucher was sent for. At one o'clock the surgeon had left the room. He knew nothing of the experiment being made, but on being asked, on paper, by the husband, two days afterward, if he "could pronounce it as easy and safe a delivery as he generally met with," replied, on paper: "I hereby testify that I attended Mrs. Rowbotham on the third instant, and that she had a safe labor and more easy than I generally meet with." On his asking the female midwife if she

thought it as easy as usual, replied: "Why, I should say that a more easy labor I never witnessed; I never saw such a thing, and I have seen a great many labors in my time."

"The child—a boy—was finely proportioned and exceedingly soft, *his bones were all in gristle*, but he became of large size and very graceful, athletic and strong as he grew up. The diet of his mother was changed on his birth, and she ate bread and milk and all articles of food in which phosphate of lime is found, and which had been left out before. She also got up from her confinement immediately and well. After her last delivery, in July, 1838, full ten days elapsed before she could leave her bed, and then she swooned at the first attempt. On this occasion, March, 1841, she left her bed on the fourth day, and not only washed but partly dressed herself. Had she not been influenced by custom and somewhat timid, she might have done so sooner. To be assisted appeared like a burlesque to her, not to say annoyance. She had no assistance from medicine. In the former pregnancy she had subsisted very much on bread, puddings, pies and all kinds of pastry, having an idea that solid food of this kind was necessary to support and nourish the fœtus, and it is quite right to suppose that nutritious food is necessary for this purpose; but nutritious food can be had without that hard and bony matter which is so large an ingredient in wheaten flour. For instance, the West India grains, sago, tapioca, rice, etc., have little of it; and Mr. Rowbotham made a table of substances with the proportion of phosphate of lime in each, so that it may be avoided in the food during pregnancy and used afterwards in nursing when the bones and teeth are made. Wheat contains most earthly matter.

"Beans, rye, oats, barley, *have not so much earthly* matter as wheat; potatoes and peas not more than *half as much;* flesh of fowls and young animals, *one-tenth;* rice, sago, fish, eggs, etc., *still less;* cheese, *one-twentieth;* cabbage, savoy, brocoli, artichokes, coleworts, asparagus, endives, rhubarb, cauliflower, celery and fresh vegetables generally, turnips, carrots, onions, radishes, garlics, parsley, spinach, small salad, cucumbers, leeks, beets, parsnips, mangel-wurtzels, mushrooms and all kinds of herbs and flowers average less than *one-fifth;* apples, pears, plums, cherries, strawberries, gooseberries, raspberries, cranberries, blackberries, huckleberries, currants, melons, olives,

peaches, apricots, pineapples, nectarines, pomegrantes, dates, prunes, raisins, figs, lemons, limes, oranges and grapes, on an average, are *two hundred times less* ossifying than bread or anything else prepared of wheaten flour."

With such an extensive **list of non-ossifying edibles** to select a dietary from, and the culinary ingenuity of most women, it does not seem that the appetite for preparations of wheat would be very difficult to appease. **A varied diet is absolutely essential to health,** and an occasional meal, of which wheat bread forms a part, may be permitted, more particularly in the early months of gestation, but in the three latter months, when ossification is going on, the more carefully the diet is selected to exclude phosphate of lime the better.

There is no danger of injury to the mother or child by this dietetic course, for it is impossible to exclude *all* calcareous matter, yet the quantity can be so diminished as to *retard* instead of *favor* ossification. The list as quoted above may not be absolutely correct, yet as the fruits that are most advised contain so much acid that they probably hold the calcareous matters in solution and prevent their deposition, consequently the list is practical and the results satisfactory.

As regards drinks, in many sections the water contains, in solution, considerable quantities of lime—the water is hard—consequently rain, or snow waters are best. Boiling such hard water before using will cause the precipitation of considerable

of the lime, as may be observed by the formation of the crusts in the tea-kettle. When it is necessary to use hard water it should be boiled and cooled before using for cooking or drinking. Tea and coffee may be moderately indulged in, and of the two tea is least objectionable. Cocoa contains less lime than coffee, though coffee is a good nutriment with this one exception. Lemonade or drinks made of acid fruits, jellies, etc., are unobjectionable, and the acids they contain will, to a certain extent, hold the earthy or calcareous bony matters in solution and oppose their deposition.

Women living upon the foregoing diet will have little desire for much drink of any kind.

Swelling of the feet and limbs rarely occurs when the fruit diet is employed, and cases suffering from such difficulty when the diet is begun will generally experience decided relief.

There has been no objection offered to animal food. Indeed, we would advise that it form at least a small portion of the diet, particularly in debilitated and feeble women, but in those of full habit it had better be sparingly eaten, as it is heating, while the acid fruits are cooling. Lamb, veal, chicken and fish are the most appropriate meats for this condition.

Inordinate and capricious appetites for improper and noxious articles should, of course, be opposed, but when the longings can safely and properly be indulged it should be gratified. With the diet list

advised very little, if any, annoyance is to be apprehended.

The **benefits to be secured** by a well-regulated diet are not merely hypothetical, but have been fully substantiated by experiment. Soon after the publication of the pamphlet referred to, an English lady of high respectability resolved to profit by the idea, and as soon as she thought she was pregnant she abandoned bread, potatoes and milk and subsisted on the West Indian grains, rice, tapioca and sago, fruits of all kinds and vegetables, and when she ate meat she ate that which was young, drank lemonade and tea, both of which were made of distilled water. She did not suffer an hour's inconvenience during the whole time, the birth was easy, and the child, though very soft at first, grew rapidly and became large and strong.

Numerous others have tried it that we know of and have been reported by others, and not a few have come under our own observation, in all of which the results are mainly the same. Several have tried the plan at my suggestion and the results have, in every instance, been highly satisfactory.

Those nations among which childbirth is comparatively easy, subsist mainly on a diet in which bony materials are very limited. Females of tropical climates, where the diet is very largely fruit, suffer very little at childbirth. The American

Indians eat very little wheat, and the same is true of the colored slaves of the South.

It is **a very popular but erroneous idea** that the mother must gorge herself throughout pregnancy in order to support and nourish the unborn —that she must "eat for two." This is a very great mistake. On the contrary, instead of eating more than she wants she should be governed by the dictates of hunger, and never eat an extra mouthful. The amount of nourishment the fœtus requires day by day is very trifling indeed. As a result of such a mistaken notion she disorders the stomach, becomes heated and feverish, is troubled with headache and dizziness, and lays herself liable to numerous intestinal disorders; and if assimilation is active in proportion to the increased amount eaten, she becomes extremely fleshy and uncomfortable, and will be liable to much annoyance from swelling, cramping or numbness of the extremities.

Figure the matter out for yourselves: The average duration of pregnancy is two hundred and eighty days; the average weight of the child and placenta (*afterbirth*) does not exceed ten pounds, and generally not over eight; then ten pounds give one hundred and sixty ounces, or but little more than half an ounce a day is required.

Admitted that during the first four months the amount required will be much less than in the last four, as we more nearly approach delivery, the greater will the amount required become; never-

theless, the average remains the same. Laying the question of average aside, there is no use of the mother commencing to lay in a surplus for at least the first six months, though during the last three the amount of nourishment might be slightly increased. She should also bear in mind that if by excessive eating she increases the nutrition of her child, she increases its growth, and for every ounce she increases its development beyond a given point, she unwisely diminishes the ease of delivery.

Numerous authorities might be cited on the subject, but we do not regard them necessary; the proposition is of too easy comprehension to require argument, and unless morbid conditions supervene to require a modification of the amount eaten for therapeutic purposes, the dictates of hunger will be by far the best guide how much will be best, always bearing in mind, let moderation in all things prevail.

CHAPTER VII.

REMEDIAL TREATMENT.

Diseases Must be Cured—An Indian Tradition—What the Squaws do—Squaw Vine—A Favorite Preparation and What it cures—The Properties of Blue Cohosh—Its Power to Prevent Pain and Miscarriage—Proof that Remedies Prevent Painful Labor—Mother's Cordial—Experience of Physicians—The Value of Black Cohosh—How these Medicines are to be Used—Management of Constipation—The Kidneys Must be Kept Healthy—What Causes Morning Sickness—The Fallacy of its Necessity—Shall Longings be Gratified or Not—Flatulence and Colic—Varicose, or Knotted Veins—Heartburn—Piles—Shall Diarrhœa be Checked—Other Symptoms—The Sleeping Room—Pressure of the Womb on Veins—Abortion—Erroneous Idea—How Maternal Responsibilities are Evaded—Legal Consideration—Is the Crime Justifiable—Prevention of Conception, or Abortion—It is Murder—Its Effect upon the Woman—Unintentional Causes—Premonitory and Actual Symptoms—Hemorrhage the Greatest Immediate Danger—My First Case—Preventive Measures and When Necessary—Nervousness—Sore Nipples—Leucorrhœa—Important Advice—False Pains Distinguished from True Ones—Intense Suffering from Irritable Bladder.

ALTHOUGH the measures already advised are of the utmost importance, and will certainly exert a powerful influence over the ease and safety of delivery, the mother's recovery and the future welfare of the child, there remains to be considered other agencies, in the efficacy of which we have almost unlimited confidence—agencies which exercise a positive curative influence over those abnormal

conditions that so frequently attend, or co-exist with pregnancy, and which so often complicate and increase its difficulties.

These agencies — therapeutic in character — may be employed in conjunction with the hygienic and dietetic measures already detailed, and will act in perfect harmony with them, and mutually increase the value of each other.

We have seen the dietetic and hygienic measures employed alone with the most decided benefit; and have, in other cases, tried the therapeutic treatment, we are about to advise—when the other could not be made available—with the effect of rendering the labor short, easy and safe, as well as controlling any unpleasant symptoms that presented during the progress of the pregnancy.

All women are not affected in the same manner — all constitutions are not alike — and we will often observe pathological conditions occurring during pregnancy, which had their origin long before the conception took place, or pathological conditions may be developed during gestation. There may be abnormal conditions which do not depend for their present existence, nor are in any way connected with pregnancy, yet, if allowed to proceed, will seriously militate against a short, easy or safe delivery. Again these morbid conditions may have an intimate connection with the gestatory, or pregnant state. The present and future welfare of both mother and child necessarially

depend greatly upon our ability to control or remove these conditions.

At the risk of seeming inconsistent, or of appearing to lack confidence in what I have already written and advised in the preceding chapters, I shall consider those **remedial agents** which have in my hands and in the hands of my professional acquaintances, accomplished so much for the relief of suffering woman.

There is a **tradition that the Indian women of this country,** for two or three months prior to to delivery, resort to drinking an infusion of a plant known as *squaw vine or partridge berry,* in order to render their delivery easy and safe. Whether this tradition has any foundation in fact or not, I do not know, nor does it seem that I need care, so long as the tradition has developed a knowledge of a remedy of the greatest possible consequence to the parturient female. Whether the squaws drink it or not, there is nothing more certain to my mind, than that it does possess the truly wonderful and beneficent properties ascribed to it.

In the *American Dispensatory,* by Dr. John King, we find the following reference to it:

It is said that the squaws drink a decoction of the plant for several weeks previous to their confinement, for the purpose of rendering parturition safe and easy. * * * * * * * * Partridge berry is parturient, diuretic and astringent, used in dropsy, suppression of urine and diarrhœa. It seems to have a special affinity for the uterus, and is highly beneficial in all

uterine diseases. It appears to exert a powerful tonic and alterative influence on the uterus. Dose of the strong decoction, from two to four fluid ounces, two or three times a day. The berries are a popular remedy for diarrhœa and dysuria. It is highly recommended as a remedy for sore nipples, used as follows: Take two ounces of the herb, fresh, if possible, and make a strong decoction with a pint of water; then strain and add as much good cream as there is liquid of the decoction; boil the whole to the consistency of a soft salve, and when cool, anoint the nipples with it every time the child is removed from the breast.

Hale, in his *New Remedies*, says:

I would recommend it for *false pains, uterine irritability, scanty and delaying menses, dysuria and scanty urine with profuse sediment.*

In procuring this remedy it is best to obtain it by its botanical name, *Mitchella Repens*, as there are several plants known in different parts of the country by the name of squaw vine, squaw berry, squaw mint, partridge berry and other similar names, which would have a tendency to confuse any one not familiar with botany, and it is necessary to get the right plant.

An infusion is always the best form for administration, and will be found most efficacious, for I must confess, though I have tried several specimens of fluid extracts, they have failed to afford the satisfaction I have derived from the infusion of the recently gathered plant. It is advisable not to rely on the plant that has been gathered more than a year, as it is apt to lose its strength and become inert if kept longer.

The **action of this remedy**, either alone or in combination, is to act gently upon the kidneys and urinary organs, relieving irritability and moderately increasing the flow of urine. It cleanses the blood, soothes any nervous excitement that may exist, removes pain and soreness, and effectually overcomes any morbid inflammatory conditions of the female reproductive organs, strengthens the uterus and establishes such a healthy condition as results in an easy and safe delivery.

When the lower extremities are swollen, as is often the case after the pregnancy is well advanced, owing to an obstruction of the circulation, I have seen this remedy produce the most decided and speedy relief. I have given it in the treatment of various uterine disorders with the most satisfactory results, but the consideration of those complaints having been made in this edition, the subject of a separate chapter, further allusion to such use of it at this time is unnecessary.

There is another plant that possesses a similar and deserved reputation, and I have frequently combined them with the happiest results. I allude to blue cohosh, the botanical name of which is *Caupolhyllum Thalictroides*, also known as squaw root, of which Dr. Hale, in his recent popular work on *New Remedies*, says :

The aborigines and early settlers claimed for it the power of preventing *tedious and painful labors*. This testimony has been substantiated by many prominent and trustworthy physicians of

the eclectic school, as well as of the homœpathic. A few of our school have denied it such power, but the weight of evidence is against them. Dr. A. E. Small is sure, from the observation of many years, that it actually prevents the usual sufferings which many women undergo. He also testifies to the singular fact that many women who have taken it for such purposes have overrun their time to the extent, in some cases, of ten or twelve days. The cases referred to, however, all had very easy labors and a good recovery.

My experience has been so uniform and conclusive on this point that I do not hesitate to assert that it prevents not only a too painful labor, but it prevents those premature labors which are so common among the weakly women of this age.

I have repeatedly used a combination of the two with the most satisfactory results. I obtained the fresh materials and administered them in the form of a sweetened infusion, sometimes adding other agents that seemed specially demanded. In very many instances have I made use of these remedies in cases which had hitherto undergone the most terrible sufferings at parturition, with the effect of enabling the mother to have a very speedy delivery, almost absolutely free from pain. In those females who had taken it there was very little of the inconvenience usually experienced in the latter months of gestation; the mother made a wonderfully speedy recovery, and, in some instances, were entirely relieved of uterine disorders to which they had for several years previously been subject.

While practicing medicine in the central part of the State of New York, so favorable were the re-

results attained by using the foregoing remedies in the form of sweetened infusions which I then prepared, the remedy acquired such a reputation that very many parturient women procured it that they might go through childbirth without pain; and though it was taken in hundreds of cases where I could not attend the confinement, I have never known of a single instance of failure; but, on the contrary, received many testimonials of its efficacy and thanks for the benefits derived from it. There are many women who will remember taking what I then termed the "mother's cordial," the composition of which I did not reveal to them, but which consisted mainly of an infusion of the squaw vine and blue cohosh, preserved with sufficient sugar and alcohol to render it palatable and secure its preservation while being used.

In using an infusion of these plants an ounce of the *squaw vine* and half an ounce of *blue cohosh* should be steeped in a pint of water and the whole taken in the course of three or four days. When one is used alone a greater quantity should be employed than when both are used together.

A very convenient and agreeable combination may be made thus:

Squaw Vine, ...	½ pound.
Blue Cohosh, ...	¼ pound.

Bruise them thoroughly and add one gallon of water, and let them stand over night. Then heat them nearly to the boiling point and gradually reduce the quantity of liquid (occasionally letting it come to a boil), to one half, strain and press out all the

liquid, which should measure three pints, add 1 pound of loaf sugar and dissolve; then add spirits to make the whole measure two quarts. The dose should be a table spoonful three to five times a day. The spirits are only added to preserve the preparation and need not be added when the infusion is made in small quantities to be used before it would sour. In cold weather a less quantity of spirits will suffice. Whisky, gin or alcohol may be used.

There is still **another plant** that is indigenous to this country which enjoys a growing reputation, not only for the relief of those morbid conditions that render gestation and delivery painful and tedious, but as a remedy to expedite delivery. I refer to the *black cohosh*, or *Cimicifuga Racemosa*, also known as *Macrotys*. Given in small doses for two or three weeks, there can be little doubt that it has the power of rendering the labor very short and easy.

Dr. Scudder, of Cincinnati, editor of the *Eclectic Medical Journal*, speaks positively on the subject as follows:

Pregnancy is a physiological condition, and there should be little or no pain, ache or unpleasantness associated with it. If there is it should be looked after at once and removed. These unpleasantnesses can and should be relieved for the comfort of the mother, and more especially because this will probably render the labor easier and the getting up better. Let me again call attention to *macrotys* as *partus preparator*, though doubtless most of our readers have tested it. If there are pains and aches in the region of the uterus, tenderness on pressure, or soreness at any part of the uterine globe; if the movements of the child are painful, or there is pain in the pelvic articulations; or, finally, if during the last month there are false pains, *macrotys* is likely to be a remedy. I have used it time and again in these cases with

relief, and in others during the last six or eight weeks of gestation, simply to facilitate and make the labor easier, and I am satisfied with good results.

In Hale's *New Remedies* the author makes the following allusion to it:

Dystocia (difficult labor) is one of those abnormal conditions which come under the domain of homeopathic medication. It is useless to cling to the antiquated superstition that a woman must suffer the "pangs of childbirth." Dystocia is always the result of an abnormal condition of the tissues concerned in the functions of childbearing. * * * * * * * I have attended many women whose previous labors had been exceedingly painful — almost unendurable without ether — but, owing to the administration of *cimicifuga* during the last weeks of pregnancy, they suffer very little. So many of these cases have occurred in my practice and in that of my colleagues, that it is not proper to affect skepticism or unbelief. As a rule, first labors are painful and protracted, while subsequent ones are less so; but if five or six are very painful, and each one seems to be more painful than the last, we cannot expect the seventh to be painless except from some remedial interference. Now, if in such cases *cimicifuga*, *caulophllum* or *viburnum* is given, and the woman's next labor is easy, what are we to think? Evidently, that the medicine effected a change of condition from abnormal to normal.

In such cases give the *cimicifuga* at least two weeks previous to the expected date of labor, in doses of one to ten drops, two or three times a day, the doses repeated oftener as the date approaches.

The preparation alluded to by Prof. Hale is the homeopathic mother tincture, and when it can be obtained will represent very certainly the virtues of the drug. An infusion of the root, one-half ounce in a pint of boiling water, of which the dose may vary from a teaspoonful to a tablespoonful, re-

peated three or four times a day, will also answer. The fluid extract, when reliable, in doses of from three to eight drops may be used. When the homeopathic tincture cannot be readily obtained, **the following procedure will answer:**

Black Cohosh Root, . . .	¼ pound.
Alcohol, ...	½ pint.

Bruise the cohosh as fine as possible, and put it in the alcohol, cork and let it stand a week or two, occasionally shaking the same. At the end of this time it may be strained and used in doses as advised for homeopathic tincture.

Were I going to use it without having used either of the other remedies, I would advise that its employment be given earlier, say at least two months before delivery.

If too much is taken it will produce an unpleasant fullness in the head.

The **condition of the bowels** must be looked after, and any disposition to constipation overcome. If the woman is of full habit and costive, I would advise a small quantity of Epsom salts daily, just enough at a dose to produce a free, natural evacuation. They cool the system, relieve determination of blood to the head with dizziness, swelling of the feet, etc., prevent nausea and a host of the disorders that attend constipation. We are well aware the taste of salts renders them objectionable to very many. When such is the case they may be disguised and their value enhanced by dissolving them in hard cider, in the proportion of half a pound of

the salts to a gallon of old cider, of which the dose will be two to four ounces once or twice a day. The object being to maintain a natural condition, the dose must necessarily be varied accordingly.

Other saline laxatives may be used in their stead, such as Rochelle salts, seidlitz powders, citrate of magnesia, crab orchard salts, etc., in quantities sufficient to regulate the bowels.

It so happens that women who are not plethoric are often troubled with constipation; indeed, constipation is a very common condition, and is often a source of very great trouble.

A Dr. Thompson, of Mississippi, author of a domestic practice, recommends a prescription which he calls his "Compound Syrup of Butternut or Anodyne Alterant," composed as follows:

*Extract Hyoscyamus,	¼ ounce.
Extract Butternut,	1¾ ounce.
Extract Bi-Carbonate Soda,	⅛ ounce.
Oil Sassafras,	20 drops.
Simple Syrup,	1 pint.

Mix all together, and the dose will be from one teaspoonful to a tablespoonful once or twice a day.

He claims to have given it through pregnancy in women who had previously endured very severe labors on account of bearing very large children with the effect of contributing very greatly to the health of the mother, and by causing her to bear

*Although Dr. Thompson does not specify what form of extract he means, it is presumed he intends fluid extracts, as the solid extracts in such proportions would be too great for the dose advised.

small children, securing easy and safe deliveries. We have never tried it under such circumstances, but know it to be an excellent medicine in the constipation so commonly associated with piles.

The syrup of buckthorn, sold in nearly all drug stores, is a very agreeable laxative, much in use.

Since its introduction into general use, the *Cascara Sagrado* has become deservedly popular, and we prescribe it with the fullest confidence that it will effectually relieve nearly all cases of constipation, whether occurring during pregnancy or at any other time. The formula, which I have found most satisfactory, is:

Fluid Extract Cascara Sagrado,	1 ounce.
Tincture of Nux Vomica,	1 dram.
Simple Syrup,	3 ounces.

Mix and take a teaspoonful two or three times a day. This may be flavored with anything that is preferred. Those who object to the nux vomica may omit it. Teaspoonful doses of the fluid extract of Wahoo, or *Euonymus Atropurpureus*, in syrup, one to three times a day, answers admirably also, but is not so reliable in its action as a laxative as the Cascara Sagrado.

The **condition of the kidneys** must always be remembered and any irregularity corrected. When the kidneys are not kept sufficiently active the general health suffers, and if this condition occurs about the time of delivery, it renders convulsions liable. Inactivity of the kidneys is sometimes the cause of the swelling and dropsical condition of the lower extremities, though such a condition is usually due to pressure of the enlarged uterus

upon the returning current of blood through the veins into general circulation. The diet we have recommended will usually keep both bowels and kidneys in a normal condition, and the squaw vine being diuretic is generally all that will be needed; but, should the urine become scanty, the following may be relied upon, and will restore the kidneys to a healthy condition:

Acetate of Potash, . . .	1 dram.
Fluid Extract Dwarf Elder, . .	2 drams.
Sweet Spirits of Nitre, . . .	3 drams.
Essence Wintergreen, . . .	¼ dram.

Water to make two ounces.

Mix. Dose — A teaspoonful in water three to six times a day. It will, if previous instructions are obeyed, be very rare that this prescription will be rendered necessary.

There is a peculiar action going on in the uterus during the evolution of a new being, and some functions may not readily adapt themselves to the new order of things, and the woman is liable to a series of inconveniences, which, while they cannot be said to constitute a real disease, are very annoying and sometimes are aggravated to such an extent as to endanger her welfare. Even were such not the case the annoyance they occasion demands our endeavors for their prevention and relief.

Although the instructions already given will be found adequate in most cases, it so happens that sometimes remedial aid is necessary; and, at the expense of becoming tedious, I will venture to detail the treatment I have found most successful,

though we desire it ever borne in mind that hygienic influences are of the very greatest importance.

Usually, many of the annoyances or ailments of pregnancy are due to causes of remote origin, the influences of which have continued to the present, impairing the vital forces, and more less seriously deranging those functional performances that constitute the phenomena of life.

Morning sickness is usually an early symptom of pregnancy, and is the most annoying during the early months, generally ceasing entirely after the quickening. It often occurs immediately after conception has taken place, and is by many regarded as a very important and certain symptom of pregnancy. In some cases it disappears after the first few weeks to reappear during the last weeks, when it is, no doubt, due to the pressure upon the stomach of the enlarged uterus. When it occurs near the end of a pregnancy it usually takes place after eating. In the early stage of gestation, though the nausea and vomiting may occur at any hour of the day, it most often occurs in the morning ; and after it has subsided is often absent until next day.

This unpleasant condition is rarely attended with much danger, though the annoyance is great, and it is generally presumed that it is propagated through the sympathetic nerves to the stomach from the uterus. A no less authority than the celebrated Caseaux claims that it depends upon some morbid

condition of the uterus, as inflammation or ulceration, but that it is rarely fatal. It is sometimes so severe as to cause extreme emaciation by interfering with nutrition, and sometimes endangers miscarriage

Singular as it may seem, **well-authenticated cases** have occurred in which the husband experienced the morning sickness instead of the wife, a phenomena only to be accounted for by the unexplained, and perhaps, unexplainable mystery of "sympathy," propagated through the sexual contact. Some authorities have claimed that when nausea does not occur miscarriage is liable ; or if the full term is completed a difficult labor will be experienced, a claim in which I certainly cannot concur. While practicing in Saratoga county, N. Y., a case came under my observation in which the husband was so afflicted with nausea and vomiting that he was the butt of many a good-natured joke. His wife did not experience the slightest inconvenience during her "term ;" her labor was of but two or three hours' duration, easy, and she made a good recovery. In three successive pregnancies was this phenomena repeated.

Much good may be anticipated from the dietetic and hygienic advice already given, for among those who have tried it, the absence of this annoyance was particularly noted. I am led to believe that the sickness and vomiting of pregnancy depend more upon those unnatural conditions developed

by the impositions of modern social customs, than upon any *natural* relation to reproduction.

The power of the squaw vine and blue cohosh to control irritable conditions of the uterus, renders them very effectual remedies in the nausea and vomiting of pregnancy, though their action on the stomach directly is of no consequence. When the sickness and vomiting occurs immediately on getting up, it may be prevented by taking the breakfast while lying quietly in bed. Small pieces of ice slowly dissolved in the mouth and swallowed, often have an excellent effect, and so do cold compresses applied over the stomach.

When the vomiting continues through the day, the stomach itself is liable to become diseased and digestion deranged. It is well to look after the condition of the bowels in such cases, as constipation is apt to be present under such circumstances. Bromide of Potassium, by allaying the excitement of the nervous system, is an efficient remedy, and may be used as follows :

Bromide Potassium, . . .	2 drams.
Cinnamon Water, . . .	3 ounces.

Dose — A dessertspoonful two or three times a day.

This will be the most appropriate in those cases in which there is great headache, or determination of blood to the head. This dose may be doubled or trebled, if necessary, as I have given the smallest dose generally employed.

An injection of bromide of potassium into the

rectum is sometimes attended with good results, when its administration by the stomach cannot be tolerated, or is of no value. Thirty to sixty grains dissolved in two or three ounces of liquid starch, thrown up at once and retained, is the proper amount. Dr Meigs frequently advised equal parts of sweetened tincture of rhubarb and the compound tincture of gentian, to be taken after meals; but this would do little good except there was some primary derangement of the digestion.

Cloths wet in laudanum or chloroform and laid upon the stomach are often beneficial. The mustard or capsicum plaster is worthy of a trial, as is also a plaster composed of various spices, applied over the pit of the stomach.

When the vomiting is not prolonged, or the straining not severe, little attention is generally given it; but when it becomes so bad as to endanger miscarriage, the most effectual means are to be employed. The acid fruit diet generally controls the sickness and arrests or prevents the vomiting, and for this purpose lemon juice is often valuable It may be taken in doses of a tablespoonful mixed with an equal part of water.

The effervescing solution of citrate of potassa, or magnesia is sometimes very efficacious, and acts as a laxative at the same time; and being an agreeable drink, will often be tried before other means are resorted to. It will be in harmony with the principles of the fruit diet.

I have used small doses of nux vomica, when other remedies failed, with good results. Being a nervous stimulant it arouses the nervous system out of the condition in which reflex irritability takes place, and restores the lack of co-ordination that is present in such conditions:

Tincture Nux Vomica,	20 drops.
Water,	4 ounces.

Dose — A teaspoonful every two or three hours.

Carbonated drinks are often valuable, the carbonic acid gas acting as a sedative upon the sentient extremities of the nerves supplying the stomach. It is upon this principle that the French remedy known as the *potion of Riviere* is beneficial. It is as follows:

Citric Acid,	36 grains.
Simple Syrup,	3 fluid drams.
Bi-Carbonate of Potassa,	36 grains.
Water,	4 ounces.

Dissolve the citric acid in half of the water and add the syrup. Dissolve the potassa in the remainder of the water. The dose is a tablespoonful of each, taken one after the other. It may be repeated every hour or two if necessary.

The union of the acid and alkali in the stomach liberates the carbonic acid gas in the stomach and gets its full action there. It is very agreeable and efficacious.

Prof. Simpson, of Edinburg, recommends the oxalate of cerium, or nitrate of cerium, and in the hands of some practitioners they have proved effectual agents in doses of three to five grains, fre-

quently repeated, but in their use I have been disappointed My homeopathic friends tell me if I would give the oxalate of cerium in grain doses of the second trituration, I would find it efficacious.

Iced champagne will be found excellent in very many cases.

Those of our readers who believe in homeopathic remedies are recommended to try aconite, nux veratrum, pulsatilla, cuprum, bromides, lobelia, ipecac, arsenic, in the usual doses in which homeopathic physicians use them.

Depraved appetite is also regarded by many as a significant sign of pregnancy. The woman may be siezed with a desire for some unnatural substance, and will often eat chalk, magnesia, charcoal, slate-pencil, etc. They often want some article of food which they may have previously disliked, and often such articles will be found acceptable. When it can be done without too great an inconvenience this **morbid appetite,** or **longing** may be gratified, but when it cannot, the woman should dismiss it from her mind. We do not place as much stress upon the gratification of these unnatural appetites and desires as many, yet, as they afford a comfort to the mother, we suggest that when reasonable and practicable they may be indulged. A healthy condition of every function will soon do away with them, and to this end we should seek to improve the woman's condition by every possible means, rather than attempt to relieve such

desires by special means alone. The course already prescribed will generally soon overcome longings, and to give her some unexpected article of diet will often break the "longings." If a morbid condition exists in the stomach let it be met with appropriate remedies. Diseases of the stomach not belonging to this treatise must be omitted.

If the appetite fails, let the woman abstain from eating for a meal or so; or if her strength fail on account of it, let the appetite be "coaxed" by some unexpected delicacy, and small quantities of highly nutritious food be tried. Those who try our hygienic, dietetic and remedial plan will seldom be annoyed by loss of appetite or such morbid conditions; but should they fail, change of climate, scenery or surroundings, will often work wonders when combined with the treatment recommended for morning sickness. Should they fail, it will be advisable to consult a physician.

Flatulence generally comes from a bad state of the digestion and is often **associated with colic.** In such cases it will be found better to eat a little, and often, than to eat at long intervals and much at a time. Certain articles of diet will induce an attack, and when they are known should be avoided. Allowing a weak or irritable stomach to go long empty, and then filling it to repletion, will generally provoke an attack of colic if anything will.

Avoid indigestible articles of diet, chew the food

thoroughly, and if remedies are needed, a grain or two of cayenne pepper will often relieve, or ten to fifteen drops of tincture of capsicum and myrrh (No. 6) in sweetened water. They act by increasing the power of natural digestion. A little peppermint or camphor water will generally expel the wind and give relief. An injection to move the bowels will succeed. Some of these plans are generally available and can be had on short notice, but as a remedy nothing can excel the following:

Tincture of Colocynth, . .	15 drops.
Water, ...	4 ounces.

Dose — A teaspoonful repeated every fifteen to twenty minutes during the attack, and afterwards, to break up the tendency of the trouble to return, a teaspoonful three or four times a day for several days.

Varicose veins is the name given to the symptoms where the veins of the lower extremities become distended, knotted and painful. They do not often show themselves in the first pregnancy, but are apt to appear later in life and become worse with each successive pregnancy. They are very much aggravated by tight garters and corsets, neither of which should be worn during this condition They are caused and aggravated by any circumstance that is capable of impeding the return of veinous blood from the extremities.

A free action of the kidneys, skin and bowels has a tendency to relieve them, and I have seen them greatly benefitted by the squaw vine compound

Rubbing the extremities towards the body aids in emptying them, and is beneficial. A well-adjusted laced, or elastic stocking, is one of the best remedies, and can be obtained from a druggist or surgical instrument-maker. A roller bandage, applied from the toes to the body, answers the same purpose, but is difficult to apply so as to make an even pressure and admit of freedom of locomotion. An elastic perforated bandage is easily applied and retained in place. When neither of these means are available and the veins are troublesome, the woman should remain in the recumbent position as much as possible, or sit with the feet well elevated. An abdominal bandage so adjusted as to raise the uterus and its contents upward, and thus remove the pressure from the large veins as they pass upward through the pelvis, will also be effectual.

Pregnant women are frequently troubled a good deal by the distressing symptom called **heart-burn,** for which it is customary to resort to alkalies. They merely neutralize the acid that is in the stomach, but do not arrest the causes to which it is due. The use of alkalies interferes with the principle of fruit diet and should be avoided if possible. Heart-burn is generally due to an impairment of digestion, and in too many cases to over-eating—the food fermenting instead of digesting.

The proper treatment is to avoid it by abstemious living; and, if it occurs, fasting—skip a meal occasionally. I have found those remedies that aid

digestion to be the most valuable in relieving it. Five to ten grains of pepsin just before or after a meal will often succeed. Charcoal will be found available in many cases, and is less objectionable than alkalies. Five grains of sub-nitrate of bismuth repeated three to six times a day is an effectual remedy. I have often found acids among the best remedies. The following is usually a successful prescription :

Dilute Nitro-Muriatic Acid, .	½ ounce.
Water, ...	4 ounces.

Dose — A teaspoonful in a wineglassful of water after eating.

It may be greatly aided by diminishing the quantity eaten, and also by avoiding saccharine and starchy food.

Piles, a distressing complaint, is one of the frequent annoyances of gestation, and may be caused by prolonged constipation or anything that obstructs the hemorrhoidal veins. Those women of a full habit are especially liable to them. Ordinarily, the pile tumors are small and are of little consequence beyond the annoyance they occasion; but when they are large, painful, and become inflamed, they require the services of a physician, for while an operation for their radical cure is seldom justifiable during pregnancy, every effort to obtain relief is a duty. In treatment the first point to be looked after is to secure and maintain a moderately open condition of the bowels. This may be secured by the fruit diet, exercise, bathing and injections.

In the selection of purgatives it must be borne in mind that only the mildest kind are to be employed. The prescription given on page one hundred and one for compound syrup of butternut is a good one, and I am well satisfied that the butternut has a specific action in this trouble.

Although a very disagreeable medicine, castor oil is a very efficient laxative. Pills containing aloes, podophyllin, calomel and other drastic cathartics must be avoided, for while they have a tendency to aggravate the piles, they are also liable to produce miscarriage. After each movement of the bowels the parts should be well-sponged with cold water and an ointment of galls applied ; or, what I prefer, a bit of linen or cotton wet in distilled extract of *Hamamelis*, or witch hazel, as it is more commonly known. An injection of a few drops of this remedy into the rectum after the bowels have been moved will often accomplish very much in the way of a cure. When properly prepared it is perfectly unirritating I often have it taken internally at the same time, in five to fifteen drop doses, two or three times daily, and regard it as one of the best remedies we possess. The abdominal bandage, as advised for varicose veins, is worthy a trial, the two conditions being similar in pathological characters. Piles often disappear entirely after delivery.

Constipation must be avoided. A daily evacu-

ation of the bowels is essential to health, and to neglect for several days together the performance of so important a function is highly prejudicial, for if long continued it sooner or later develops a variety of ailments often of a serious character, among which we may notice feverishness, loss of appetite, indigestion, wakefulness, headache, horrible dreams, sickness of the stomach, bearing down pains, piles, etc

This troublesome complaint is more easily prevented than cured, though a cure can almost always be effected Habit has very much to do with its development and cure The habit of evacuation should be encouraged daily, and the best time is in the morning, soon after breakfast; the bowels having then been quiet during the night are stimulated to activity by partaking of food, and consequently have a natural tendency to act at this time, and whether the desire is felt or not the attempt should be made, which may be aided by an injection of tepid water. The influence of the diet and exercise, which have already been recommend, is exceedingly beneficial in preventing and curing costiveness. A glass of water drank at night and another the first thing on rising, and an orange eaten before breakfast, will work wonders Knead the abdomen will aid. The use of purgatives is to be avoided, for while they will usually unload the bowels at the time, they generally impair their functional activity, and if often employed there is

usually experienced a greater degree of constipation than before In the selection of remedies very much is to be considered, and when the case is serious it is best to have competent medical advice, for the reason that there are several varieties of constipation, and the remedies that will be efficient in some cases will be worse than useless in others, and the indiscriminate employment of cathartics will often endanger abortion.

Before the case has become serious, we know of no remedy more generally useful than the prescription for the *Cascara Sagrado,* given on page one hundred and two, where this subject was partially considered.

Diarrhœa, looseness of the bowels, often occurs as a sequel of constipation, or in alternation with it. Some women are troubled with it more or less the entire term, while others are afflicted with frequent attacks, sometimes coming on without any assignable cause. When it occurs as a sequel of the constipation it is generally of a watery character, secreted by the lining membrane of the bowels, as an effort of nature to discharge the retained waste matter. When not severe it is salutary and relieves headache, heart-burn, nausea, etc., and usually regulates itself when the offending materials are discharged. When, however, it is severe or prolonged it should receive proper attention, for then it weakens and predisposes to piles and abortion.

Ordinarily, very little medicine need be given, for rest in the recumbent position and a strict diet will be sufficient. If there is griping and pain in the bowels, the tongue furred, feverishness, and the discharges mixed with mucus, I would advise:

Tincture of Aconite Root,	10 drops.
Ipecac, in tincture,	10 drops, liquid, or 5 grains, powder.
Water,	4 ounces.

Dose — A teaspoonful every hour or two until relieved.

When there is a good deal of nausea and prostration the following I often find efficient:

Fluid Extract of Veratum,	5 drops.
Water,	4 ounces.

Dose — A teaspoonful every half hour.

If there is a good deal of irritation of the stomach, take the following:

Tincture of Pulsatilla,	20 drops.
Tincture of Aconite,	10 drops.
Fowler's Solution,	5 drops.
Water,	4 ounces.

Dose — A teaspoonful every hour or two.

When the trouble is of a bilious character, I would select:

Tincture of Nux Vomica,	5 drops.
Tincture of Mandrake,	10 drops.
Water,	4 ounces.

Dose — A teaspoonful every two or three hours.

When the diarrhœa is painless, but rather profuse, take the following:

Tincture Cinchona,	1 dram.
Water,	4 ounces.

Dose — A teaspoonful every three hours.

Whenever the foregoing tinctures can be obtained at a homeopathic pharmacy they are to be preferred.

The following mixture will be found equal to almost any case, having been repeatedly tested by myself and others, and is appropriate to a great variety of cases:

Chloroform,	2 drams.
Tincture Opium,	1 dram.
Tincture Camphor,	2 drams.

Tincture Rhubarb to make 2 ounces.

Dose — One-half to one teaspoonful, repeated according to the severity of the attack, from one to four hours, until relieved. It may be preceded or followed by a mild dose of castor oil with advantage.

A troublesome cough sometimes occurs, but unless it becomes so severe as to prevent sleep, or endanger miscarriage by the violent concussion of the abdomen it produces, it seldom requires attention. A teaspoonful of paregoric, occasionally repeated, will usually afford relief, but as I do not desire to use opiates when they can be avoided, be-

fore resorting to the use of paregoric, I would try a teaspoonful of either of the following:

Tincture Colinsonia, . . . 1 dram.
Water, ... 4 ounces.
Mix.

Or,

Tincture Drosera, ... 2 drams.
Water, ... 4 ounces.
Mix.

Or,

Tincture Red Clover, . . . 1 dram.
Water, ... 4 ounces.
Mix.

Or, an infusion of red clover may be drank in small quantities.

This does not apply to diseases of the lungs, as consumption or bronchitis. Such diseases need experienced professional advice. The foregoing remedies however may even in these cases, afford decided relief. When conception occurs during the progress of these affections, the pulmonary disease is often greatly modified, or even arrested, for the time, and I would under such circumstances advise, that the very best endeavors be made to turn this natural effort into a perfect cure, by the employment of appropriate treatment, adapted to the cure of the existing disease. As this will require careful discrimination, and the exercise of experienced judgment, I prefer to give advise adapted to each case, than to have the patient depend wholly on a generalization of plans and

remedies that can be described in a work of this kind, and which does not properly form a part of it. Such cases are invited to write to me, as I make a specialty of diseases of the lungs.

A very large proportion of pregnant women are troubled with **headache.** The causes are numerous. The influence of pregnancy upon the nervous system contributes to the production of headache by inducing determination of blood, constipation, indigestion, and is liable to aggravate neuralgic, rheumatic and constitutional headache. We can usually do more to cure headache by attention to diet, exercise, and overcoming the causes that occasion it, than by any special remedies addressed to the head. If it persists after the appreciable causes are removed, it will be best to consult a physician. Those who carry out the advice already given in this and the two preceding chapters will not be troubled much with this symptom. Bromide of potash and ammonia in solution, as recommended for convulsions, in teaspoonful doses every three or four hours, will be apt to relieve these headaches.

When **moth and liver spots** occur on the face they are very annoying to some. The general supposition is that they cannot be removed. Painting them once or twice with the compound tincture of iodine (Lugol's solution) will usually remove them. Those who would object to the color of the iodine

while it remains may try the colorless tincture of iodine. Apply thoroughly.

Some women will be troubled with intolerable **pruritus, or itching,** of the genitals and adjacent parts. While it is occasionally met among women not pregnant, it is more often an accompaniment of gestation. It frequently occasions the most exquisitely excruciating agony. Absolute cleanliness is one of the first requisites of relief — the frequent use of water — and to this end we can heartily endorse Dr. Shew's advice in regard to the use of the sitz bath. Maintain the most perfect cleanliness of the vagina and those structures that can be in any way influenced by its secretions. The sitz bath may be used as often as the itching returns — several times a day. After the bath a lotion of borax in water may be applied, say one ounce of borax to a pint, or two teaspoonfuls of aromatic spirits of ammonia in a glass of water, or sulphite of soda, one ounce to the pint, applied freely. These lotions may be applied successively until relief is obtained. Thus far it has been impossible to always select the most appropriate one without trial. The following lotion, after bathing, will often succeed when others fail :

Chloral Hydrate, ... 1 ounce.
Hydrocyanic Acid Dilute, . . 40 drops.
Rose Water to make 1 pint.
Mix and apply freely.

I have noticed in some cases acids would succeed,

and in others alkalies, though the bath is one of the great remedies. When it proceeds from disease of the womb that should receive proper attention.

Inability to sleep is particularly annoying to pregnant women, and should receive prompt attention, for if long continued it may give rise to serious consequences. It may be due to lack of exercise or too steady confinement in heated rooms. Dyspepsia is a common cause, and should be overcome by a well regulated diet and avoidance of late suppers. Tea and coffee may be reckoned among the causes, and should not be taken in the afternoon or evening by those who are apt to be wakeful. Reading anything exciting in the evening, writing, or any severe exercise of the mind, has a tendency to prevent sleep. Incorrect living is the underlying cause, and to correct it is the first step towards cure, and if the cause can be appreciated and understood we shall succeed.

The sleeping room should be well ventilated and quiet — neither too warm nor too cold. A regular hour for retiring is advisable. A glass or two of cold water before retiring may aid in inducing sleep, and a warm bath taken at ninety to ninety-six degrees just before going to bed will often prove a valuable remedy. A rapid sponging and rubbing the surface of the body has much the same effect. It is not advisable to take opiates, if possible to avoid them, and for this reason we will not give any recipe for them, nor for that other

abused drug, chloral hydrate. When taken let their use be sanctioned and directed by a physician who can observe their effects. The remedies recommended in the beginning of this chapter usually control any unnatural excitement, allay irritability and nervousness and produce sleep. The American nervine, or lady slipper, may be used with them with advantage. Ten to thirty drops of the fluid extract in the afternoon and again in the evening will usually promote sleep, or it may be used in infusion with the infusion of squaw vine and cohosh. When they fail, fifteen to twenty grains of the bromide of potash may be taken, dissolved in water, at a dose before retiring, or it may be added to the last dose of the aforesaid infusion. If preferred, it might be kept in a solution, thus :

Bromide of Potassium, . .	3 drams.
Water.	3 ounces.

Dose — A dessertspoonful to a tablespoonful.

It is not best to use it when it can be avoided, as its long-continued use occasions more or less disturbance of the stomach.

Fainting may occur at any period of gestation, especially when tight-lacing is indulged in, or the woman has to remain long in heated rooms or bad air. It is especially liable to occur at "quickening." It is to be treated the same as when it occurs at other times. Lay the patient in an easy position, the head low, and loosen the clothing ; allow

the cool air to blow in the face ; sprinkle a little water in the face, or have her inhale the fumes of ammonia, or "hartshorn," as it is more commonly called. Camphor may be rubbed upon the face and neck. Avoid excitement or alarm. She should remain in a recumbent position until entirely recovered.

Palpitation is a frequent annoyance, and is most liable to occur in nervous women and those who pay too little attention to the rules we have already prescribed. It is generally sympathetic, and it will be better to remove the cause by regulating the functions of the various organs than to resort to drugging for the removal of one of the symptoms. If it is severe and prolonged it will be well to have some competent physician examine the heart, and if necessary, prescribe.

The same causes that operate to produce varicose veins may give rise to swelling of the feet and hands, and, in rare cases, of the whole body. **The swelling of the extremities will usually be of a dropsical character, pitting upon pressure.** Obstruction to the return current of blood through the veins causes an infiltration into the cellular tissues of a watery fluid, and is quite a common ailment of pregnancy. During the night, or while lying down, it usually diminishes considerably, to reappear when the extremities are again placed in the most dependent position. Of course it may be induced by diseases of the heart, liver and kidneys,

but when these maladies are not present it is pretty safe to suppose that it depends upon pregnancy and will disappear entirely after delivery. It seldom requires any special attention further than what can be secured by bandaging, as advised for varicose veins, the recumbent position, the fruit diet, or the use of the squaw vine. I have seen the latter perform wonders, almost, in this ailment, and it is safe and applicable to the general aspects of the woman as well as to a special symptom. The free action of the kidneys favors relief. There are very many of the more vigorous diuretics which can be employed with benefit, but as they will be so rarely needed when the hygienic, dietetic and remedial measures already prescribed are employed, that I will leave their employment, should necessity for them arise, to a physician who sees the case. For my own part, I have found the directions I have given already to be equal to the necessity, even if they are simple.

Pressure of the pregnant uterus on the sacral nerves is liable to occasion **cramps** in the lower extremities. Some women are very much annoyed by them. Change of position in lying down ; turn frequently from one side to the other, so that the pressure shall not be too long continued upon those nerves that are distributed to one or the other extremity ; avoid lying on the back long at a time, as that position is most apt to bring pressure upon the large blood vessels and plexuses of nerves. Fre-

quent changes and brisk friction with the hand are better than drugs. A properly constructed abdominal bandage so arranged as to support the enlarged abdomen, and rather lift it by straps from the shoulders, will often put an end to this disagreeable symptom.

Some women are habitually liable to miscarriage when they reach a certain stage of gestation, and a woman who has been once the subject of this accident is much more liable to a repetition of the occurrence than one who has not. In early married life the idea often obtains that children are not desirable, for some reason or other, and not succeeding in preventing conception, a worse crime is resorted to. How many women have found to their sorrow that the damage they then do lays the foundation for a miscarriage at every succeeding pregnancy. For this reason alone hundreds of homes are lonely and desolate.

When once a woman has miscarried, there is a disposition to do so again when the same stage of gestation has been reached, and the more times she miscarries the stronger the disposition to do so becomes. Many have resorted to fœticide in early life to avoid maternal responsibilities, only to find by and by, when children are desired, that they cannot have them, either because they are lost by miscarriage in spite of precautions, or else the shock their reproductive organs have sustained by the previous

abortions has left them no longer capable of conception.

There are few subjects of greater importance to society than this, and I might exceed the entire space of this volume with its consideration. Whether accidental or intentional, there are **few, if any, accidents that can befall a pregnant woman of a more serious character than miscarriage.** And while it was not my intention to discuss the question in its social or moral aspect, yet when we consider that the great mass of women are debarred from familiarity with those means by which they can limit their offspring by the prohibitory laws of the country, we can the more readily comprehend the incentive to the greater crime. Legally deprived of the one means they resort to the other, and I question whether this law is not the cause of infinitely more harm than good. It is to be regretted that it is so, but facts are stubborn arguments. Prevention of conception may be morally, socially and physiologically justifiable, *but the crime of abortion never!*

With the following quotation, from Dr. Naphey's *Physical Life of Woman,* I shall close the moral consideration of this unpleasant subject:

From the moment of conception a new life commences; a new individual exists; another child is added to the family. The mother who deliberately sets about to destroy this life, either by want of care, by taking drugs or by using instruments, commits as great a crime, is just as guilty, as if she strangled her newborn infant, or as if she snatched from her own breast her six-

months darling and dashed out its brains against the wall. Its blood is upon her head, and as sure as there is a God and judgment that blood will be required of her. The crime she commits is *murder* — child-murder — the slaughter of a speechless, helpless being, whom it is her duty, beyond all things else, to cherish and preserve.

The crime is common; it is fearfully prevalent. Hundreds of persons are devoted to its perpetration; it is their trade; in nearly every village its ministers stretch out their bloody hands to lead the weak woman to suffering, remorse and death. Those who submit to their treatment are not generally unmarried women who have lost their virtue, but the mothers of families, respectable *Christian* matrons, members of churches, and walking in the better classes of society.

We appeal to all such with earnest and with threatening words. If they have no feeling for the fruit of the womb, if maternal sentiment is so callous in their breasts, let them know that such produced abortions are the constant cause of violent and dangerous womb diseases and frequently of early death; that they bring on mental weakness and often insanity; that they are the most certain means to destroy domestic happiness which can be adopted. Better, far better, to bear a child every year for twenty years than to resort to such a wicked and injurious step; better to die, if needs be, in the pangs of childbirth than to live with such a weight of sin on the conscience.

Physicians are united in saying that the crime of abortion is more prevalent among the better classes of society, who have ample means to provide for the increase, than among those to whom each additional child adds an extra tax and often a serious burden. There is no reason to dwell upon this subject here, but the time is approaching when those who have the welfare of the race at heart must choose between two evils — *prevention of conception* on the one hand, and *murder* on the other. The physical damage

done to woman, the moral and social damage to society, will demand consideration when the "population" question is forced upon us, if not before.

There are numerous **causes of miscarriage.** Some miscarry at a certain time without any assignable cause. Any violent exertion, anything that occasions a shock, or spasmodic action of the abdominal muscles, the irritation of piles, excessive sexual indulgence, a blow, a fall, violent emotion, nursing, riding over rough roads, abuse of cathartics, disease and displacement of the womb, affections of the ovaries, the occurrence of fevers and eruptive diseases, excessive vomiting, weakness, plethora — any excitement that is capable of exciting contraction of the uterus is liable to terminate in miscarriage. The occurrence of this accident in the first pregnancy is very apt to establish the habit. Women who marry late are more prone to miscarry than if they marry earlier in life.

The symptoms of miscarriage are rather variable, of longer or shorter duration, from a few hours to several days, and the consequences are equally various. At first there is uneasiness, languor, weakness, with aching pain in the back, more or less severe. These may be regarded as the preliminary symptoms, and after they have continued for some time, symptoms of labor supervene and resemble the labor at full term, and are in very many cases much more prolonged and more severe.

The mouth of the womb, for physiological reasons, is not as readily dilated as at the full term ; and in consequence, more prolonged efforts are usually necessary and greater suffering experienced, and inflammations more apt to follow.

In the beginning of the active stage of miscarriage the pains are slight, short, and recur at long intervals. As the process goes on they last longer and are more frequent and severe. A discharge of blood or mucus may be observed, and as it proceeds, there is pain in the back, extending around the loins into the abdomen and perhaps down the thighs, increasing in regularity, frequency and force. The pulse is quickened, the skin hot, the patient makes voluntary expulsive efforts to aid the contractions of the womb, and ultimately the contents of the uterus are expelled.

Sometimes the fœtus will be expelled with little pain, scarcely any hemorrhage, and a quick recovery. In other cases it may come on with hemorrhage, and after a protracted and painful labor the fœtus will be expelled. The placenta, or afterbirth, may remain, and may not come away until it has been dissolved and thrown off with the discharge that follows, and will be very offensive. So long as the placenta, or any part of it remains, **hemorrhage is to be feared** and irritation or fever liable.

Preceding, accompanying, and sometimes following the miscarriage, there may be alarming hemor-

rhage. It may be internal or external. When external the patient and friends may be deceived until a fatal termination is the result. When internal the patient gets pale and faint, exhausted ; the pulse becomes quick and thread-like ; there will be headache, shivering, pain ; the abdominal cavity fills up and becomes larger than the stage of pregnancy will warrant ; after a time the membranes give away, the flood-gates of life are opened and the vital current escapes with a gush. The woman may die from internal hemorrhage without its escape. The more nearly the woman has approached the natural term for delivery the less the danger. **Ordinarily the hemorrhage constitutes the primary danger,** and it usually cannot be perfectly and permanently controlled after the progress of the labor has well advanced until the contents of the womb are expelled and the organ has contracted. The hemorrhage is sometimes alarming, profuse, fatal.

Well do I remember my first case. I was not the family physician, but he had been sent for — he had not come — the hemorrhage was alarming — my youth was the objection, but something must be done — the danger was imminent — I was called — I found the patient pulseless, blind, deaf, and as white as the sheets upon which she lay. Soaking through the bed, from which several vessels of coagulated blood had been removed, dripped the sanguine tide until it had run across the room and was dammed

in a large pool in the corner. Without waiting to deliberate or question — and, I confess, without a ghost of hope — I put ten grains of gallic acid in a tablespoon and, filling it with whisky, forced apart her rigid jaws and poured it into her mouth — she swallowed — I hold the wrist — ten minutes of agony — a teaspoonful of fluid extract of ergot in whisky — the hemorrhage is slackening — perhaps the supply is exhausted, but I can feel a thrill at the wrist! I repeat the gallic acid and whisky and the womb contracts — the fœtus is expelled — there is *no* hemorrhage — it is arrested and the woman saved! The family physician arrives and gladly I turn over the cases; and whether my practice is scientific or not, whether nature or medicine is deserving of credit, I get the praise of having saved a life that a moment before was hovering on the brink of eternity!

In the **management of miscarriage** three indications present themselves, from which a selection is to be made:

First, to prevent its occurring if possible.

Second, to arrest it.

Third, to carry the patient safely through the process, provided it cannot be prevented or averted.

If aware that a patient is in the habit of aborting I should advise the hygiene and diet already recommended, together with the squaw vine and blue cohosh already considered, to which we would

advise the same amount of *Viburnum*, or, as it is vulgarly known, *cramp bark*. This, with *perfect* rest in the recumbent position, absolute quiet, a calm, unruffled mind, unstimulating food, and the avoidance of sexual relations are the essentials of success.

If we can carry the patient past the fifth month we shall generally succeed. For drugs, the three mentioned cannot be excelled. Regulate the bowels with some of the means already mentioned, and if the irritability of the uterus continues, we must resort to opium — a grain in powder or pill every four hours until all pain is relieved, to be repeated if it recurs. The action of the opium is as positive as anything can be, and if the symptoms are active, alternate it with the fluid extract or strong infusion of the cramp bark. This is, as its name implies, a potent remedy, and has stood the test of years. It may be given freely. It is said that the planters of the South formerly compelled their pregnant slave women to drink an infusion of it in order to frustrate their attempts at abortion.

Should our efforts fail in preventing the miscarriage it must be managed like a case of labor (which see). **Hemorrhage being the greatest danger,** if it becomes too free I would give five grains of gallic acid in a wine glass of cinnamon water, and repeat as often as may be necessary; or, if cinnamon water or tea is not at hand I would not wait, but use plain water. Cinnamon is, however, valuable of itself. Ten drops of oil of erigeron on

sugar may be given in its place, or even ten drops of fluid extract of *Cannabis Indica.*

Care must be taken to assure the entire removal of the secundines. There will be danger until everything "has come away."

If we can ascertain the cause of abortion we can usually overcome it, or remove the patient from the sphere of its operation.

It is not expected that the unprofessional reader is going to rely implicitly upon the directions we have given. In cases that are alarming or troublesome a physician must be called -- one who can determine the questions that may present obstacles to others. Our wish is to furnish means of prevention and aid the physician in arresting or conducting the process of miscarriage.

Among the **results to the mother,** other than death, from either accidental or artificial miscarriage, are the whole train of ailments of the reproductive organs of woman. Displacements, inflammations, ulcerations, deformities, ovarian disorders, leucorrhœa, irritation of the bladder, barrenness, mental disturbance, general ailments, etc.

Although many women are subject to these diseases who do not miscarry, it is nevertheless true that they are the bane of woman's existence. They are often regarded as incurable, and under the old regime they generally were, but in the light of a proper understanding of the principles of these ailments, and the remedies at our command I have

been able to cure many after they had been pronounced incurable by others.

Abhoring the harsh treatment of the past, it will doubtless be a source of comfort to many an afflicted lady to know, that, by properly considering the constitution, the disease, and its complications, we can generally send medicines to use at their homes that will restore them to health. Symptoms are the language of diseases, and for the most part are intelligible. Knowing this it will place a cure at the disposal of thousands who could not travel hundreds of miles to consult the physician of their choice.

Although this may appear incomprehensible to some, and be opposed by those specialists who can do nothing without the "speculum and caustic," it is none the less true, that, applying these principles to practice, I am constantly curing patients whom I have never seen, many miles away.

Those who are subject to **nervousness** know what it is without any special description The nervous system is impaired, irritable, and though there may not be any pain, the sensation is even worse; no position seems the proper one; a general uneasiness prevails without nausea; no special organ appears to blame, and yet in the majority of cases there is a general impairment of function. We can accomplish much in improving the general condition by the dietetic and hygienic means already laid down; but the peculiar nervousness

will, in many cases, demand special prescriptions. Do not resort to opiates, or Dover's powders, morphine, nor chloral hydrate, lest you become habituated to their use. When these drugs are used it should be under the supervision of a competent physician. The squaw vine and blue cohosh are excellent to allay nervousness, and when it continues in spite of them, I would add to them the lady slipper, or American nervine, in the proportion of one ounce of the root to a pint of the infusion; or, when the squaw vine infusion is drank freely, one-half ounce will be sufficient. Under its use quiet sleep is encouraged, and a general improvement is induced. A pill of asafœtida is good, and may be taken if the other does not succeed. When these remedies are employed it is seldom, indeed, that narcotics will be required.

Some women suffer untold torture from **sore nipples** during the period of nursing, and occasionally before delivery. When such is the case, it is advisable for two or three months before delivery to institute a course of training, and gradually harden or "toughen" them. For this purpose an ointment may be made of the squaw vine, as has already been mentioned, or some astringent lotion may be employed. The application of tincture of myrrh twice a day for six or eight weeks before delivery will usually succeed. Equal parts of tinctures of myrrh and golden seal cannot be surpassed. At the same time rub the nipples between the thumb

and finger, not, however, severely enough to make them sore. A solution of alum is good.

It is always best to harden them before confinement, as after the child has begun to nurse it is exceedingly difficult to cure them, and they often become deeply fissured and extremely painful. In such cases borax is of great value. Take one or two drams of borax, one ounce of glycerine and three ounces of rose water; mix and apply several times a day. Tanin in a little water with a little glycerine is a useful remedy, either before or after childbirth, in the proportion of ten to thirty grains to the ounce.

In fissures, the application of collodion forms a perfect protection from irritation, and should be applied often enough so that it does not get removed. Under its protection an exceedingly tender nipple will heal and become healthy. It forms a more perfect protection than the rubber nipple. It can be got at all drug stores prepared ready for use. Its contraction in drying, is sometimes so great as to cause pain, but this objection may be obviated by the addition of a small quantity of Venice turpentine, with which fact all druggists are familiar and can supply it properly prepared. In applying it, of course, there must be an opening in the coating of collodion, at the point of the nipple, through which the milk may flow. Any druggist will explain the manner of application. A rubber shield or a glass nipple with rubber tube, such as are sold

at drug stores, may be used if the soreness is so great she can not bear the pain caused by the child nursing.

Leucorrhœa, an exceedingly prevalent affection, is usually due to the existence of some disease of the uterus, or vagina, of which it is a symptom. When it has existed prior to conception it is very apt to continue, and often gives rise to very great annoyance from the debility, soreness or irritation it causes.

The treatment will be essentially the same as when it occurs in those who are not pregnant, though instrumental treatment will be inadmissible. Absolute cleanliness is essential; the sitz bath is excellent. The decomposition of the perverted secretions gives rise to irritation and must be overcome by ablutions, injections, etc.

Injections may be made of tepid water or soap suds, or they may be medicated. They should be used daily, or oftener, to be of any use, and no force should be permitted. An infusion of white pond-lily root is an injection in which many have great confidence. Carbolic acid, five grains to a pint of water used at a sitting, is an excellent disinfectant and exerts a control over the abnormal discharge. Common soda, a teaspoonful in a pint of water is good; astringents in the form of infusions may be used. Hemlock bark, oak bark, golden seal root, crane's bill, are all applicable, but should not be used too strong. As a rule, an ounce or less to a

pint of hot water, standing till cold and used after the proper steps to secure cleanliness, will be about the strength adapted to the majority of cases.

The remedies advised in the beginning of this chapter are of great advantage in this complaint, and the tincture of pulsatilla, in doses of two or three drops three times a day in addition to the foregoing, is a good remedy. It can be procured at any well regulated drug store, especially where homeopathic remedies are kept.

The list of remedies for this complaint could be greatly enlarged, but as some of them might have a tendency to cause miscarriage, I have purposely avoided them. The discharge being a symptom of disease of some portion or portions of the reproductive organs, the proper time to pay the most attention to its cure is when the delivery has passed; hence, simple means only are recommended, first and foremost of which is cleanliness.

Neuralgic, or rheumatic pains are liable to occur at any stage of gestation, and are often very annoying. They can be distinguished from true labor pains, which they stimulate, by placing the hand upon the abdomen. In true pains the uterus can be felt to contract and harden with the occurrence of the pain, but if it is a false pain no such sign will be noticed. They are often associated with colic (which see). If they become too troublesome a physician had better be consulted, as he can best understand their origin, and by removing the cause

overcome the effect. We do not apprehend that many of our readers will be troubled with them if they carry out the measures already described.

Many women suffer during the entire term of pregnancy from an **irritable condition of the bladder,** compelling them to urinate every few minutes, passing a few drops at a time, with pain and burning.

In the early months it may be due to mechanical irritation from pressure of a displaced uterus against the neck of the bladder, and later on from pressure upon the body of this organ. In numerous other instances, however, it cannot be attributed to any such mechanical cause, but is due to some abnormal condition of the bladder itself. Usually, the urine is not increased in quantity, but rather diminished, and often scalding.

The measures already advised in the chapter on hygiene and diet will usually prevent this trouble, or the employment of the squaw vine will overcome it, but occasionally a case may resist these means. I would then advise:

Fluid Extract Gelseminum, . .	15 drops.
Fluid Extract Populus, . . .	1 dram.
Water, ...	2 ounces.

A teaspoonful every two or three hours till relieved, to be renewed if the trouble occurs again.

I have also found the homeopathic remedies, cantharis or apis, to relieve this condition. I have employed them by putting five drops of the mother

tincture in half a glass of cold water and giving a teaspoonful every hour until relieved. As soon as relieved stop taking them. A tea made of couch grass, drank freely, is a very efficient remedy for this complaint.

It is not best to rely on unprofessional advice in case of **convulsions,** though until the physician arrives the following may be given in teaspoonful doses every half hour, or hour:

Bromide of Potash, . .	1 dram.
Bromide of Ammonia, . .	½ dram.
Water	1 ounce.

Mix.

A host of remedies have been tried in this ailment and many plans advised, but as professional aid must be employed, we do not think it best to advise, particularly as it does not come within the scope of a popular work.

CHAPTER VIII.

ANÆSTHETICS.

A Priceless Boon and Perfectly Safe—Accidents Among Dentists—Theoretical Objections not Sustained in Practice—The Degree of Insensibility Desired—Should Other Plans Fail this will make Labor Painless—Who Shall Take Them and Who Shall Not—How Long Continued—Views of Physicians—Why this Chapter is Introduced.

THE discovery of **anæsthesia** wrought an important change in the practice of surgery and conferred a priceless boon upon mankind. The power of anæsthetics, of which ether and chloroform are the most important and frequently used, to suspend the sensibility without at the same time destroying life, is indeed wonderful. With them we are enabled to so effectually subdue pain that under their influence the most painful surgical operations can be performed without the knowledge of the subject. They produce absolute insensibility to pain. Much has been said regarding the safety of their employment, and although we admit there is a danger, it is very seldom that the person to be operated upon chooses the pain of the operation in preference to the danger of the anæsthetic.

The **question of danger,** however, is scarcely

worthy of a consideration when we take into account the frequency of anæsthetic administration and the very few accidents resulting therefrom. We hear of more accidents occurring among dentists than anywhere else. Unfortunate as such circumstances are, it is really no reflection upon the importance, or, if you please, the *safety* of anæsthetics.

The reasons why accidents occur more frequently among dentists are plain. There can be no doubt but that the sitting position is more unfavorable than the horizontal, a circumstance that requires no extended argument here. Dentists are not supposed to be so well acquainted with physiology and pathology that they can select their cases with the skill surgeons do. Again, they do not usually possess, or understand the employment of restoratives as well as physicians. Also, we must remember the frequency of administration in dental offices.

We only hear of the accidents; and though a dentist may administer anæsthetics in thousands of cases with no unfavorable result, should the next case prove fatal it is heralded to the world, and either the dentist or the anæsthetic condemned.

I do not wish to be understood as attempting to defend the dental profession, for they are doubtless capable of making their own defense; but I desire to show that even under such circumstances as they are compelled to employ these agents, the percentage of danger is very small indeed. As near as can be ascertained but one case proves fatal in twelve

thousand administrations, a fact that reduces the risk to such an extent that when proper precautions are taken to insure safety, no one need have any fear.

I have during my life been present at the administration of chloroform or ether in several hundred cases, and have never yet seen a person die from anæsthesia. During the late war I had an opportunity for one year (spent in a large hospital) of seeing them used very often, and have since used them in my own practice to considerable extent, and observed their use by others, and in all I can recall but two instances in which any trouble occurred, and in those resuscitation was easily effected with the battery, artificial respiration, stimulants, etc.

Surgeons who have had very extensive experience with these agents assure us of similarly safe results.

While it may be impossible to determine an exact relation of the number of accidents to the number of anæsthetic administrations from experence gained in hospitals and armies, we are able to arrive at approximate results. Some who have collected statistics find a much greater mortality than others.

In Wood's Library of Standard Medical Authors on Anæsthesia, by Prof. Lyman, of Chicago, we find the following collection :

Andrews, of Chicago, collected statistics of 92,815 cases of etherization, including 4 deaths, or 1 in 23,204; 117,078 cases of chloroform anæsthesia with 43 deaths, or 1 in 2,723 Dr. Coles, of Virginia, collected 152,620 cases of chloroform inhalations

with 53 deaths, or 1 in 2,873. Richardson's inquiries in the prominent hospitals of England resulted in the collection of 35,165 cases of inhalation by chloroform with 11 deaths, or 1 in 3,196.

Ker (Chisholm: 'What anæsthetic shall we use?') states that during the 28 years from the time of the introduction of chloroform there were only 2 deaths caused by its use in the Royal Infirmary in Edinburgh. During the last ten years of that period he estimates that there were 36,500 cases of chloroform anæsthesia with only 1 death. Elser, of Strasburg, had used chloroform 16,000 times without a fatal case. Kidd, of London, had seen it administered upwards of 10,000 times and had seen no fatal case. Richardson had seen it used in the London hospitals 15,000 times before he met the first fatal case. Clover has recorded 3,000 administrations without a single death. Billroth, of Vienna, had given chloroform 12,500 times before he met his first accident. McGuire, surgeon to Jackson's corps of the Confederate army, reported 18,000 administrations without one death. Chisholm himself used chloroform 6,000 times without a death. His estimate of the mortality from the use of chloroform was 1 in 20,000.

During the war of the rebellion, 1861–65 (circular No. 6, p. 87), chloroform was given in 80,000 cases with 7 deaths, or 1 in 11,448.

Prof. Lyman gives numerous other observations of various surgeons, which he sums up thus:

Ether, 99,255 inhalations, 6 deaths, ...	1:16,542
Chloroform, 492,235 inhalations, 84 deaths, .	1: 5,850

The result of his investigation shows a much greater mortality observed by some than others, but there is nothing shown to which to attribute the difference in the mortality. In such an extensive employment of anæsthetics it is but fair to suppose that, in many instances, it became necessary to administer it in cases in which contra indications for its use existed. In many of the fatal cases, no

doubt the disease or injury that necessitated the employment of the anæsthetic was more to blame for the death than the anæsthetic itself.

If anæsthetics may be used to prevent pain in surgical operations, the question very naturally arises: Why may they not be equally appropriate for the prevention of pain at childbirth?

Various objections to their employment have been urged, the principal one of which is, that when the patient is under the anæsthetic influence the uterine contractions are suspended and the labor arrested. Theoretically this objection appears plausible enough, but it is not sustained by practice.

Obstetricians who have made this question the subject of special study, assure us of the safety of anæsthesia properly managed, and that suspension of uterine contraction under their use is the exception instead of the rule. I have myself repeatedly administered chloroform in parturition, and instead of prolonging the labor I have every reason to believe that it was materially shortened. Under the influence of the drug the irritability of the nervous system was diminished, and those wearing, cutting, irregular and inharmonious pains that so often prevail and cause so much suffering and annoyance were suspended, and instead of expending the energies of the woman the natural pains become more regular and efficacious.

In administering the anæsthetic I endeavor to secure, as near as possible, that state of semi-un-

consciousness in which the sensation of pain is nearly or quite suspended, without inducing that profound anæsthesia that interrupts all muscular action. A good way to accomplish this is to render the inhalation intermittent, to correspond as near as may be with the occurrence of the pains, renewing the inhalation at the commencement and withholding it during the interval. By this method the objections urged by many against the use of chloroform in parturition are obviated. We do not suspend natural contractions, although we afford the necessary relief without any danger of charging the blood to the extent of endangering the life of the child.

I do not wish to be understood that anæsthetics cannot suspend labor; such a position would be extremely ridiculous, for it is known that anæsthesia may be so profound that all involuntary action may be suspended, the heart and respiration cease and death result; but I *do* assert that when the anæsthetic is employed to induce partial insensibility that uterine contraction will not be impaired. I am well convinced that the realization of pain will cease under the administration of an anæsthetic before muscular contraction is suspended, and I know from clinical experience that the administration of chloroform or ether may be so managed as to overcome pain and not prolong labor, and that *if all other means were to prove fruitless,* WITH THESE AGENTS WE MAY MAKE CHILDBIRTH ABSOLUTELY PAINLESS.

Few, indeed, are the accidents that are known to have occurred from the use of chloroform in childbirth, and the use of anæsthetics in midwifery practice is justly deemed the least dangerous occasion for their employment. Various theories have been advanced to account for this fact, the most plausible of which, to my mind, is that the partial degree of anæsthesia necessary for the purpose cannot be as dangerous as the profound insensibility necessary in surgical operations. There is no need to discuss the other theories in this work. The facts that labor can be rendered painless by such means, even when every other plan has failed, and that the danger is trivial, are of far more consequence to the woman.

I am supported in my belief by the experience and observation of such men as Sir James Y. Simpson, Dr. Tilt, Dr. W. P. Johnston, H. R. Storer, Dr. Beatty and others, that when there is not some valid reason for withholding it, the proper employment of anæsthesia is far less harmful than the suffering that too often occurs at such time.

When the patient is healthy and robust, the suffering inconsiderable and the labor promising to be short, I should certainly refuse to give the anæsthetic, simply because there would be no necessity for its administration ; but in a weak and feeble woman, suffering intensely, her pain torturing her to no effect, the suffering endangering exhaustion, I would not hesitate for a moment ; I would administer the agent in confident expectation of relieving her

agony, preventing prostration, regulating the uterine contractions and shortening the labor.

It is a **popular supposition** that in feeble, anæmic, nervous and delicate persons the anæsthesia is specially dangerous, but this is a great mistake ; *as a rule, such persons bear it best.* Organic disease of the heart and lungs constitute the principal valid objections to the employment of these agents, and even when they exist I am inclined to question whether the danger is not greater without them. Certain it is that anæsthetics *have* been administered to patients suffering from organic diseases of those organs, when important surgical operations have been necessary, with recovery.

While he practiced midwifery, Dr. H. R. Storer, who is considered good authority, made it his rule to always administer chloroform to parturient patients, and this no matter whether the labor was a rapid one or not, or whether the patient had, or had not, organic disease of the heart or lungs, believing, as he did, that not only was it the physician's duty to relieve pain, here ordinarily so exquisite, and to lessen the risk to both mother and child, as was done by the relaxation of the voluntary muscles effected by the anæsthetic, but that for certain manifest reasons chloroform was preferable to ether for obstetric use

It may be urged that to be of utility in midwifery the patient will have to be kept under the anæsthetic influence for so long a time that it will add to the

danger and thus render it objectionable. While I would not advise the continuance of the anæsthetic any longer than is necessary, it is well known that in certain surgical operations it is necessary to keep the patient under its influence for several hours together. I have myself kept a patient under the influence of chloroform for several consecutive hours, during which time it was not allowed to pass off so that complete consciousness returned, and, I am glad to add, no untoward results followed.

A physician of my acquaintance tells me that he once kept a parturient patient under the influence of an anæsthetic for sixteen hours without intermission, and with the happiest consequences. Sir J. Y. Simpson mentions a case in which a child was kept under it until one hundred ounces of chloroform had been used, or about seventy-six hours, and that the convulsions for which it was given were thoroughly subdued by it.

Probably Professor Simpson has done more to prove the **value of chloroform in obstetrical practice** than any other man. His practice has been extensive and opportunities for observation unsurpassed. He employed it in thousands of cases, both in hospital and private practice, and the conclusions he arrived at are that it is entirely safe and beneficial.

Dr. Tilt says :

In our own time the sting has been taken from the curse (of pain) by the discovery of chloroform, for which one of our

greatest men will ever rank next to, if not before, the discoverer of vaccination.

Dr. Beatty, a well-known author, in some of his writings speaks of it in the most enthusiastic manner, and says :

When its employment is properly conducted, it is not attended with any injurious effects upon either mother or child.

In another, and a later paper, he says :

I have continued to use chloroform with the happiest results. I have not pressed it upon any, and rejoice, at the end of two years' additional experience, to be able to state that in all cases its use has been productive of the greatest relief and happiness, and that in no case has anything unpleasant occurred to either mother or child during its administration, or subsequent to delivery. It will be easily imagined that my confidence in the power of the agent has increased with my experience.

In the *Physical Life of Woman*, Naphey says :

Is it possible to avoid the throes of labor, and have children without suffering? This is a question which science answers in the affirmative. Medical art brings the waters of Lethe to the bedside of woman in her hour of trial. Of late years chloroform and ether have been employed to lessen or annul the pains of childbirth with the same success that has attended their use in surgery. Their administration is never pushed so as to produce complete unconsciousness unless some operation is necessary, but merely so as to diminish sensibility and render the pains endurable. These agents are thus given without injury to the child, and without retarding the labor or exposing the mother to any danger. When properly employed they induce refreshing sleep, revive the drooping nervous system and expedite delivery.

I might fill the balance of this volume with quotations from the **opinions of physicians** in favor of anæsthesia, but it would not be of any practical value to the woman who is about to become a mother

without a practical demonstration of its efficiency *Statements alone* will not render her sufferings any less.

The author does not for a moment suppose that any unprofessional person will ever undertake administration of an anæsthetic. **The educated physician alone is competent to give it** with safety, and he must be provided with a pure article and attentively watch its progress. The patient must be in the recumbent position at the time and the stomach empty, or nearly so, and the drug is to be inhaled along with plenty of atmospheric air.

Curious and critical persons may inquire why this chapter is introduced into this work if the directions laid down in the three preceding chapters are of any practical value. They may say that any preparation is unnecessary when chloroform and ether furnish so reliable and easy an escape from pain.

In reply, I have only to say that I have not written this little work with a view to advocate any particular method of procedure, or remedy, to the exclusion of others, but to consider such means as are known to myself and the profession by which woman may escape the pains and perils of motherhood. That there may be other effectual means I do not deny, but if such there are, I have not learned of them.

Were I to consider one remedy or plan and not others, I would greatly diminish the value of this

book, and in all probability, deprive many anxious readers of the means of amelioration and relief. There are some who can avail themselves of one of the plans described and cannot of the others, while in some the combination of all the means may be necessary. The directions laid down in the three preceding chapters will, in a very large per cent. of cases, render the administration of anæsthetics unnecessary ; but in the cases in which their employment is demanded, it is my desire that she know of their value and safety, and, by their proper use, we shall succeed if all other means should fail.

I do not make any claim to being the first to advocate anæsthetics in labor, or to the discovery that these agents can overcome the pains of childbirth. It is nothing new to many ; but common as it is, it is no less a fact that thousands of women suffer without it, and will continue to suffer until they are taught to demand relief at the hands of their medical attendants.

CHAPTER IX.

MANAGEMENT OF LABOR.

The Period When it Should Occur—The Code Napoleon—Instances of Protracted Labor—Preparations for Labor—Premonitory Symptoms—Indications of Labor—True and False Pains—Management After it has Begun—Remedies for Rigidous—Encouragement—Progress, etc.—Ineffectual Labor—How Overcome—Flooding—The Cord—The Afterbirth—Care of Mother and Child—Learning the Child to Nurse—After Birth—Superstitions—Disposal.

At the expiration of nine calendar months, or more definitely, two hundred and eighty days after conception, the fœtus having advanced far enough in physical development to maintain an independent existence, is separated from the mother by a natural process termed **labor,** or *childbirth.*

It is possible for the fœtus to survive if this process should occur at an earlier period, and instances are not uncommon of survival at the end of the seventh month, or even earlier, and instances are reported where **the infant has survived birth at the end of five months;** but it must be conceded that such cases are extremely rare.

When labor occurs before the end of the ninth month it is said to be *premature.*

On the other hand, we have abundant and well-

authenticated evidence to show that **pregnancy may be protracted** beyond the customary period of two hundred and eighty days without any serious detriment to either mother or child. It ordinarily occurs within a few days of the average time. The laws of nature, however, are not absolutely invariable, and no harm need be apprehended should the deviation amount to two or three weeks.

Considerable difference of opinion exists among scientific physicians regarding the extreme limit of variation. The French have enacted in their *Code Napoleon* that a child born within three hundred days after the death or departure of the husband, or one hundred and eighty days after marriage, shall be declared legitimate. This code admits that the legitimacy of a child born beyond three hundred days may be contested.

Prof. Meigs published a case, which he regarded as trustworthy, of the prolongation of the *pregnancy to four hundred and twenty days, or sixty weeks; fourteen months, or five months beyond the ordinary term.* I merely mention the fact without any expressions of belief or doubt. Prof. Atlee mentions two cases of prolongation to three hundred and fifty-six days. Out of one hundred and sixty cases Dr. Elasser found that eleven were protracted to a period varying from three hundred to three hundred and eighteen days. Sir James Y. Simpson mentions four cases in his own practice in which pregnancy was protracted to three hundred and thirty-two, three

hundred and twenty-four and three hundred and nineteen days respectively.

The time elapsing between the end of the seventh month and delivery appears to be more for the purpose of perfecting such fœtal development as has been already begun, than for any new development essential to the maintenance of life. During this time the various organs become more capable of carrying on the functions for which they were destined, and it is during this time that the greatest proportionate increase in size and weight occurs.

The **cause of labor** at this particular period is shrouded in more or less of mystery, yet the opinion seems to be gaining ground that it is due to changes in the structure of the placenta and its membranes, or as they are more commonly called, the *afterbirth.* The fœtus being capable of maintaining its independent existence, the destiny of the placenta as a connecting link between mother and child has been fulfilled, and it undergoes retrograde metamorphosis — fatty degeneration — its attachments to the walls of the uterus are gradually severed, and the separation has been so far completed by the end of the ninth month that its expulsion as a foreign body becomes necessary, which is effected by the uterine contractions immediately, or very soon after the birth of the child to which it is yet attached by the *cord.*

In the following **directions for conducting a labor** it is not presumed to interfere with the duties of the medical attendant, who should be present from

the beginning to the completion of the process. Neither is it expected that the readers will assume the responsibility of management, but it is hoped that by these and the foregoing directions the patient and physician may be aided, the labor rendered short, safe and easy.

Certain preparations should be made in advance, particularly the clothing of both mother and child, the bed and its dressings.

The mother should be provided with an abundance of napkins and soft cloths that may be at hand whenever desired. Chemise and night-dresses should button in front and not be too long, so that they can be readily changed when soiled; during the labor she should wear a loose gown, of any light material, so as to admit of the greatest freedom of motion. *No clothing should be worn suspended by bands at the waist.*

If it is decided that she wear **the time-honored lying-in bandage** after she is delivered, it should be prepared and adapted to the size and shape of the woman beforehand, so that no necessity for extemporizing one when needed will arise. Of late years the bandage is falling into disuse, some physician believing it more harmful than otherwise, an opinion doubtless originating in the abuses to which it is too often subject. When extemporized from a towel, sheet, straight piece of muslin, or anything handy, it will be simply impossible to retain it in a position where it will be a source of comfort and

benefit. Thus extemporized, it soon slips above the prominence of the hips into a fold round the waist, where it exerts a pressure that is uncomfortable and harmful. If a bandage cannot be properly adjusted and retained in position it had better be dispensed with entirely. But when properly made and gored so as to fit the hips and abdomen and not slip upward, it is a source of very great comfort. It should be the widest over the hips, where there is the greatest space required, and narrowed above and below, and, if necessary, may have straps between the thighs. If made at about the fourth month, and fitted to the size of the body, with a small margin for allowance, it will not be far from right at the time it is wanted. It should be from twelve to sixteen inches in width, and may be made to lace, button, hook, buckle or pin.

When it can be had, a **lounge or cot-bed** properly arranged is the most convenient couch on which delivery can take place, for it permits to the best possible advantage the assistance of the attendants; can be readily moved to suit any necessity, and preserves the bed, in which she must subsequently lie, dry and comfortable. This temporary bed should be moderately hard and firm, so that it may not *sag* downward beneath the hips of the woman; the head should be a little the highest, and the foot provided with a convenient, narrow foot-board, at an agreeable angle of inclination, against which she may press with her feet during her expulsive efforts. A

sheet should be twisted into a cord and fastened to the foot-piece for her to grasp in her hands and pull upon during the "bearing down pains." It is needless to add that this temporary bed should be of sufficient width for convenience, that she may turn herself from one position to another to lessen the fatigue of unnecessary restrain.

To prevent the bed or mattress from becoming soiled and wet, and more particularly if the temporary bed is not employed, a piece of oil cloth, rubber cloth or oiled silk, at least a yard square, should be placed over it, and above which an old quilt, folded in four, should be spread; and, if desirable, over and above this a folded sheet to absorb the fluids as they are discharged, and admit of easy removal by being pulled toward the foot without disturbing the bed and clothing that is to remain. When the permanent bed is to be used the same preparations will be made, with the additional one, to see that sufficient extra folds of bedding be placed under the mattress in the center to prevent sagging. Then let the bed, if possible, stand in the center of the room.

The clothing provided for the anticipated guest should consist of a plain piece of some *soft* woolen material for a binder. It should be wide enough to extend from the arm-pits to the lower portion of the abdomen, but not far enough to prevent the child from drawing the knees up to the abdomen, usually four to six inches wide and about

fifteen inches in length, or long enough to go about one and one-half times around the body, the fold coming over the abdomen. Next a shirt, then petticoat, and finally a dress, none of which should be starched, and the shirt and binder should be free from embroidery. Aprons, bibs, stockings, diapers, etc., should also be provided.

In addition, there should be a pair of scissors, pins, linen cord, toilet soap, fine sponge, a jar of pure lard, a piece of soft muslin or linen for dressing the naval, a box of some unirritating powder, such as is sold by druggists for baby powder; towels, etc., in abundance, and all placed convenient and ready for use when needed. Warm and cold water should always be at hand.

The **premonitory symptoms of labor** are generally manifested for a period of time varying from one to two days to as many weeks. Subsidence of the abdomen is one of the most prominent. The stomach and lungs being greatly relieved of the pressure which they have borne for some time, the sense of oppression occasioned by this pressure disappears and the woman feels unusually well, bouyant and light. This symptom may be so deceptive that she will venture abroad, and perhaps by her unusual efforts induce labor under ludicrous and annoying circumstances. Women who have borne children attach considerable importance to this sign. Another sign is an increased fullness of the external parts and an augmented secretion, which

may even become so profuse as to necessitate the employment of a napkin. There may be painless uterine contractions and a sense of anxiety experienced, fidgetiness, sometimes a depression of spirits and other symptoms of less importance. The discharge is an important sign, particularly if accompanied by a chill and the fullness of the parts above mentioned, and is usually followed by labor in the course of twenty-four hours.

Indications that labor has begun are at first more or less variable and deceptive. There is apt to be a desire to pass urine frequently and evacuate the bowels. In many cases there will be a marked chill. A symptom of great value, however, is what is denominated as the "show," which consists of a discharge of glairy mucus mixed with a little blood, and is soon followed by the "pains," which recur periodically at intervals of an hour or less. These "pains" may be *true* or *false*.

The **false pains** are caused by spasmodic action of the diaphragm and abdominal muscles, the spasmodic and irregular contraction of the circular fibers of the upper portion of the uterus, and are mostly felt in the abdomen, and are irregularly continuous; they are limited in extent and are *not* attended with an increase of the discharge, nor dilation of the neck of the uterus or protrusion of the "bag of water." These pains have a tendency to constantly shift from place to place.

True labor pains, on the other hand, commence

in the lower part of the uterus ; are first felt in the back and gradually extend to the front and into the thighs, recurring with regularity and increasing severity, power and frequency, until having attained their greatest intensity they remain stationary a moment and then subside, and are followed by an interval of repose. They dilate the neck of the uterus and protrude its contents. During the continuance of a true "pain," if the hand is placed upon the abdomen over the uterus this organ will be felt contracting and becoming harder with the pain as it advances, and to become softer again as the pain passes off.

Having already pointed out the means by which the pains of childbirth are to be avoided, and using the term pain so freely in this chapter, may seem rather inconsistent or paradoxical, but it is only apparently so. Heretofore we have used the term pain to indicate distress and suffering, but in this connection we use the term to signify uterine contraction, which, as has already been shown, may be painless. The reason for this paradox is, that by common consent the word "pain" in obstetrical parlance is used synonymously with uterine contraction, which is, under ordinary circumstances, attended or immediately followed by suffering more or less severe. With this explanation the author hopes to be forgiven if he continues to use the term according to custom.

True labor pains exhibit different characteris-

tics, according to the stage of the process. At first they are "cutting" or "grinding," short, severe, situated in the back, extending to the abdomen, loins and thighs, and are confined to the first stage of labor, while the neck or mouth of the womb is dilating to admit of the exit of the child. As the first stage changes to the second, the pains become "forcing" and "bearing down." The woman can no longer conceal them if she should wish to, but involuntarily she aids them with expulsive and straining efforts. During the first stage the suffering may be considerable if any abnormal condition exists, and the patient will be apt to be irritable, restless, peevish, and perhaps despondent; she desires to be constantly changing position, but as the pains become more forcing in character, this condition passes off, and instead of wishing to avoid or retard them, she involuntarily does everything in her power to aid them.

Any question that may arise during the progress of the labor is to be settled by the medical attendant, and as early as possible after the labor has begun an examination should be made, with a view to determine the progress of the labor and the presenting portion of the child. It should be made early, so that any malposition may be corrected before advancement renders it difficult. This tactile examination should be repeated sufficiently often that the physician may keep himself or herself informed of the progress of the labor, but should not be re-

peated so often as to retard the labor, or become obnoxious to the patient.

If, during the first stage of labor, the examination reveals the mouth of the womb hard and rigid, and not dilating as it should, pain frequent and tormenting, I would expect speedy relief to follow the administration of the following prescription :

Fluid Extract Gelseminum,	15 drops.
Fluid Extract Lobelia,	15 drops.
Water,	2 ounces.

Dose — A teaspoonful every fifteen minutes until relieved.

It not unfrequently happens when this is the case that nausea and vomiting occur, which seems to be nature's method of overcoming this opposing rigidity and exciting the mucous secretions for the purpose of lubricating the passage and expediting delivery.

The bowels should always be freely unloaded before the labor has progressed very far, and for this purpose the employment of an injection of warm water is appropriate. To wait for a cathartic is often out of the question, and the physician who reads this will doubtless appreciate the advice to use the injection, particularly if he has ever attended a case in which the operation of a cathartic and the termination of labor occurred about the same time.

Nature usually provides for the lubrication of the maternal passages by an abundant secretion of mucus, together with the "waters," but if for any reason the mucus is scanty, or the waters discharged unus-

ually early, an artificial lubricant may be used to advantage, for which sweet oil, or the mucilage of slippery elm are perhaps the most appropriate.

During the progress of labor the position of the patient is one of considerable importance, yet I do not believe in compelling the patient to remain in any *one* position. During the first stage of labor there is no good reason why she may not remain up and about the house if she chooses, and even when the delivery takes place, **the position** is more a matter of choice and convenience than necessity. Nearly all works on the subject of midwifery mention the position on the left side as the desirable one, and some attendants insist that the woman occupy this position from the beginning of the second stage of labor to its completion. So far as my observation goes, few women select this position themselves. Some will get upon their hands and knees upon the floor, a few in various other positions; but by far the largest proportion prefer lying upon the back with the head elevated, the knees bent, the feet braced, and the hands grasping something upon which they may pull during their expulsive efforts. The safety of the child, and the attention the mother will immediately require, are the most important considerations to be observed in the selection of position, and there is little or no objection to a frequent change of position up to the last moment if they desire.

The room is to be kept as quiet as possible — not

too dark nor too light—and at a temperature most agreeable to the patient. Too many persons should not be allowed in it, and those should be the ones chosen by the patient herself beforehand, and should be selected on account of their confidential relations to her, their sympathy, good sense, experience and endurance. No conversation should be permitted that is disagreeable, exciting or depressing. She needs sympathy, encouragement, confidence and fortitude. Nothing can be worse than to have those upon whom she relies filling her mind with fear or discouragement. Their sympathy must never permit them to give vent to sorrow by expressions of grief

During the first stage the ordinary diet may be allowed, and at last, such warm drinks as she may desire.

Much harm is often done by advising the woman to "bear down," and make expulsive efforts too early, by which she is only worn out and exhausted without accomplishing advancement. Until the womb has been dilated to admit of the passage of the child, no amount of expulsive effort on the part of the mother will avail.

It is wrong to rupture the "bag of waters" until this dilation has been effected, for it acts as a wedge that prepares the passages and advance of the child. It is usually ruptured at the beginning of **the second stage** and comes away with a gush. If it is ruptured before dilation occurs it will have a tend-

ency to retard the labor. If it is not ruptured spontaneously after the womb is well dilated and the labor well advanced, this can be easily done with the finger nail. There is more danger of rupturing it too early than too late, and for this reason interference should be well considered before undertaken. These remarks are intended more particularly for the unprofessional, though we know of some physicians who would do well to consider them. It is presumed, however, that the physician in attendance will know his business and exercise his judgment, to which bystanders are expected to yield. There are some cases where the labor will proceed to a termination in his absence, and in such cases the full force of this chapter must apply.

As the labor nears its termination, the pains are apt to become more protracted and forcible, and often more frequent, and are sometimes attended by cramps in the limbs. These latter may usually be relieved by friction. An examination will reveal the presenting part of the child pressing upon the perineum or floor of the pelvis, where it may be felt to advance and recede with each pain, gaining a little each time.

The exertion now reaches its greatest height, the soft parts dilate and yield ; one pain follows another in rapid succession, so that one begins almost before its predecessor has terminated, until, with a mighty effort, the head is expelled, after which a

short rest may occur, then with one or two more efforts the birth is accomplished.

In the employment of anæsthetics I have always endeavored to so manage that during the last throes of labor, when the pain is most severe, to have the sensibility the most completely suspended. It aids in the relaxation of the perennial muscles, and in this way saves suffering and facilitates labor.

Nearly all obstetric writers give explicit directions for **supporting the perineum** during the last few pains, with a view to prevent it from being ruptured. The support should be gentle, and not retard the labor, but merely to aid the perennial muscles in directing the head of the child in the axis of the natural outlet without tearing through the tissues. The support must be gentle, even and constant.

Sometimes it happens that when the labor is well advanced, the **efforts become less powerful** and may be **suspended** altogether, owing to muscular exhaustion. It is then that certain remedial agencies may be called into requirement, and the question for physicians to determine is, whether he shall employ forceps to extract the child, or whether he shall make use of means to stimulate uterine contraction, and thus effect delivery. It will be very seldom indeed that those who have carried out the advice given in previous chapters of this book will require a practical solution of this question.

When, however, such an emergency shall arise, five to ten grains of the sulphate of quinine will

usually be adequate, and more particularly if her muscles are naturally very feeble. If it is due to inertia of the uterine muscles, the spurred rye or ergot will be appropriate, of which one-half to one dram of a reliable fluid extract may be given every fifteen or twenty minutes until the purpose is accomplished. I regard it as a good plan to combine the ergot and quinine, and give it at one dose :

Quinine, ...	5 grains.
Ergot Fluid, ...	½ dram.

Repeat the dose every hour if necessary.

This may be regarded as a large dose, but it is best to get the effect soon, if we desire to at all. The black cohosh, cimicifuga or macrotys, as it is variously called, possesses similar qualities, and from ten to twenty drops of the saturated tincture or fluid extract, may be given every twenty minutes until the expulsive efforts are resumed. This latter remedy is open to one objection when given in sufficient quantity to produce this effect, and that is that it is liable to cause an unpleasant fullness and pressure in the head. The reader is referred to the consideration of this remedy in the chapter on remedial measures

Some practitioners regard it as a good practice to give, just a few minutes before the birth is accomplished, a dose of one-half to a dram of ergot, with a view to secure certainty of contraction of the womb afterwards. This is a plausible theory, and though it may be done unnecessarily, yet little harm is likely

to result from it, and much possible good, and I have in many cases carried it out.

As soon as the head of the child has made its exit, the mother experiences sensible relief, and may be assured that the worst is over. The whole body may follow at once, but usually there is a short pause, when, the body turning sidewise, it is expelled by another contraction.

When the head has made its exit the nurse or some assistant who has been previously instructed, should make gentle pressure upon the uterus with her hands and follow it down as it contracts, and keep up the pressure firmly until the bandage is put on. When this is properly done it will secure the necessary **contraction of the uterus,** the afterbirth will be quickly expelled and no trouble from hemorrhage will be liable. When flooding occurs in such cases, it is usually because the uterus does not contract and close the blood vessels, consequently the importance of the advice relative to the pressure upon and grasping, as it were, the uterus as the child is being expelled, is obvious.

As soon as the head is born, it should be immediately ascertained if **the cord** be wound around its neck or not, and if it is it must be loosened, for if this is not done the child may be strangled. Immediately after the child is born it is to be laid on the right side, its face free and exposed to the air, its mouth examined and freed from any mucus that

may have accumulated, which will otherwise interfere with respiration.

As soon as the child cries — and it is generally sure to find out its abilities to do so very quick — **the cord may be severed,** and the birth, so far as the child is concerned, is complete. If the cord is free from the neck and cannot be felt to pulsate, it should be severed at once, whether the child cries or not. If it does not cry, artificial respiration is to be resorted to immediately, as described below. In severing the cord, first take a waxed string, piece of tape, or other suitable material for a ligature, and tie around it two or three inches from the child's body; tie the cord again an inch further from the child, and with a pair of scissors cut the cord between the two ligatures, taking the oft-reiterated precaution to see that no part of the child is cut at the same time.

Several homeopathic writes have advised against **tying the cord** at all, but severing without, as soon as the pulsation ceases. When the cord is severed, if the child breathes, it is to be laid upon a soft, warm cloth, prepared for its reception, and handed to the attendant, upon whom the duty devolves of washing, dressing and making it presentable.

If there is any **delay in the child's breathing** after birth, let the cool air come upon its skin, which is a natural excitant of respiration, or blow in its face or mouth, or dash on a little cold water, slap it briskly upon the back and chest, apply brisk fric-

tion all over it. Be careful, however, that it does not become chilled, and thus destroy its life. If this does not answer, inflate the lungs by blowing in its mouth, and then forcing out the air by pressing the chest, and repeat till it gasps. Grasping it by the ankles and swinging it with the head downward, has been recommended as an efficacious plan of restoring suspended animation. I have never had occasion to try it.

If the short interval that occurs between the expulsion of the child's head and the rest of the body is protracted beyond two or three minutes, manual assistance should be rendered. Friction and firm pressure over the womb is to be made, and inserting a finger into the child's arm-pit, slowly extract it. No other course is left. Do not hasten too much lest you favor hemorrhage. Do not delay too long or you endanger the child.

When there is no trouble about the child, a few moments suffice to secure its separation and removal, when the mother must be attended to ; she must not be neglected while the child is looked after.

If the pressure before mentioned has been properly carried out, the uterus will have contracted and detached the afterbirth, and it may be already expelled ; but if it has not, and the flooding does not demand attention, the mother may be permitted to rest a few minutes before making any efforts to extract it.

If, after waiting half an hour, there are no after-

pains, friction upon the abdomen, grasping the uterus with one hand through the walls of the abdomen, and with the other hand making gentle traction upon the cord, is to be resorted to, care being taken not to use force enough to tear the cord from the afterbirth. When one or two efforts of the kind are not successful, the hand is to be introduced gently into the uterus, and grasping the afterbirth, at the same time keeping up the pressure from without, will generally cause a contraction and both hand and afterbirth be expelled together.

When the **hemorrhage is too profuse,** give ten grains of gallic acid in a tablespoonful of water, or a teaspoonful of fluid extract of ergot, at once, and proceed to remove the afterbirth in the manner above advised, and apply the bandage, if such has not been done, immediately upon the birth of the child. I would apply the bandage as soon as possible after the child is born, as it will favor contraction, expel the afterbirth, and aid in controlling the hemorrhage.

When **the afterbirth** has come away, all the soiled clothing is to be removed from the mother, the parts cleansed with warm water and dried, and oiled with pure sweet oil, lard or vassaline, a soft, warm napkin applied, and dry, clean clothing put on; she is then placed in bed and allowed to rest.

It is advisable to place under her a folded sheet or quilt to absorb the discharge that will continue,

in such a way that it can be removed when soiled without disturbing the bed. Attention should be given that she does not suffer from exhaustive hemorrhage, or make any exertion. She may lie upon her side or back, as she prefers.

While this is being done **the child should be receiving attention.** It must be carefully washed. First, rub it thoroughly with lard or some bland, oily substance, and then carefully wash with toilet or castile soap and warm water. The oil is necessary to remove the cheesey secretion, soap and water not being sufficient, for if any is left it is apt to cause irritation and excoriations. Very often the skin diseases that occur to infants are due to carelessness at the first washing. Rub the oil well in with the palm of the hand, and for washing use a silk sponge or very soft cloth. Remember the child's skin is very tender, and must not be treated at all harshly. Dry thoroughly. In performing this operation only a part of the child's body should be exposed to the air at a time. Attention should be given that every orifice of the body is thoroughly cleansed.

When the ablution is completed, examine the cord to ascertain that no oozing is going on, for if there is, another ligature must be put on. Take a piece of fine linen rag, two or three inches square, and cut a hole in the center large enough to pass the cord through, and lie on the abdomen. Take another similar piece, and wrap the end of the cord

in it, turn it to one side and apply the binder middling firmly, and dress the child. This fragment of the cord generally dries, withers up and comes off in from four to six days. The time may vary a little, and no force should at any time be used to effect its removal.

As soon as the child is dressed it should be put in bed with the mother and applied to the breast. By doing this, we in a very considerable degree avert the danger of flooding, and prevent what is known as milk fever about the third day, which is apt to occur if the secretion of milk comes on suddenly. Another reason is that the mother's breast usually contains a secretion very desirable for the child to have, as it acts as a laxative and promotes the expulsion of the "meconium"—a tarry substance found in the bowels of a new born child. The same secretion from the mother's breast stimulates the liver, and is far better for the child than the horrid practice that frequently prevails in many portions of the country of feeding it with urine and molasses. **Disgusting as such a practice is,** there yet remains among the ignorant and superstitious a belief that it is necessary for the welfare of the child. None outside of the medical profession have any idea of the prevalence of such opinions.

If the nipple is not prominent enough to enable the child to grasp it, it may be drawn out by taking a bottle and filling it with hot water, or dip-

ping it in hot water and applying it over the nipple. As it cools a sufficient degree of suction will occur to draw out the nipple, then apply the child immediately. If necessary, moisten the nipple with sweetened water to induce the child to take it.

It would seem almost absurd to say anything about the **disposal of the afterbirth,** yet, knowing as I do, that the traditions of a superstitious past cling with extraordinary tenacity to all that is concerned in reproduction, it may not be considered so much out of place. I have been amused at the ceremonies to which the afterbirth has been subjected by persons who were otherwise enlightened and intelligent. So far as the mother and child are concerned, it makes no difference what becomes of it, only that its complete removal is effected, and to burn it or bury it is a satisfactory and effectual method of disposal.

CHAPTER X.

MANAGEMENT AFTER BIRTH.

Look after the Mother's Rest—Involution of the Uterus—Diet of the Mother—The Lochial Discharge—Danger of Neglect—When it is Unnatural what is to be Done—After-pains—Remedies—Attention to the Bladder—The Bowels—Bloating—Milk Fever—The Nipples and Breasts—Nursing Sore Mouth—Remedies—Dosing and Stuffing the Young Eminent as Soon as it is Born—Nursing—Why it Should be Done—Milk for the Child—A Very Important Matter—Regulating the Sleep of the Child—Proper Food for Children—Weaning—Dress and Bathing—Moral Considerations—Medicine for the Baby—Bowels—Jaundice—Urine—Sore Eyes—Prescriptions—Vomiting—Diarrhœa—Remedies—Colic—Remedies—Teething—Its Troubles and Remedies.

For a longer or shorter time **after delivery,** the mother will continue to require attention, while the care of the child has only just begun. The condition of the mother will necessarily vary, depending very much on the ease with which she has passed the ordeal, as well as upon her previous physical condition. Her nervous system will have received a shock of variable intensity, and if the labor has been an easy one, or if she is robust and in a good condition to sustain such impression, the shock will be mild and of short duration, and in proportion to the subsidence will be her return to health and comfort.

The agitation caused by the labor will be succeded by a sense of lassitude and depression, similar to that which occurs after any severe exercise. The circulation will be affected; the countenance will present a dull appearance, and it frequently happens that almost before she has reached her bed, she will be attacked by a chill, that may make her teeth chatter. Under ordinary circumstances this will soon pass off. The circulation will become natural, as manifested by a return of the regularity and fullness of the pulse, the heat of the surface return, the skin moisten, every function become natural, and the most perfect, calm and delightful slumber follow

During this period a watchfnlness is to be observed.

If the shock is severe and prolonged, the prostration extreme, respiration slow and sighing, or scarcely perceptible, the pulse slow and weak, or rapid, small and fluttering, interference will be necessary, and small quantities of stimulants may be given. Ammonia, wine, brandy or whiskey in any palatable form, may be given in small quantities and often repeated, and gradually withdrawn as recovery becomes established.

During this time **the possibility of hemorrhage must not be forgotten,** for the symptoms already enumerated may be dependent upon loss of blood. Whoever officiates in the capacity of

nurse must make frequent examinations to ascertain if the discharges are too profuse, or if they are wholly arrested.

If the hemorrhage is too free, it may be controlled by cinnamon tea, five grain doses of gallic acid in water, or one-half teaspoonful of fluid extract of ergot, the doses to be repeated once in from one to four hours, as may be necessary. Few will require such interference, and particularly if the directions previously given have been followed.

During this time she **must be kept quiet,** the room slightly darkened, and no talking or whispering is to be tolerated. She requires rest, sleep and recuperative repose, to restore her energies; but during sleep she is not to be left wholly alone; a competent person should remain with her to observe that nothing goes wrong.

For the first few days she is to maintain the recumbent position, though she may frequently turn from side to side, or even sit up in bed; but nearly all authors are united in advising that she remain in bed for the most part of her time until the ninth or tenth day. Women whose muscular tissue is more than usually feeble will do well to remain even longer before any exertion is made that will require muscular effort.

The reason for such advice is that the uterus, which has been considerably increased in weight during gestation, may have time to resume its

proper size before its natural supports will be called upon to retain it in its proper position in the pelvis. By following such directions, the mother will materially diminish the liability to uterine displacements.

I am well aware there are those to whom such advice will seem a mockery. Some are compelled to disobey because upon their daily toil depends their supply of life's necessities; others again, accustomed to the hardships of life, will have developed sufficient muscular power so that recuperation will not be to them the necessity it is to the weaker and more sensitive. In a previous chapter allusion to these circumstances has been made.

After delivery the uterus undergoes a process termed involution, by which it resumes its previous size. On the perfection of this process materially depends the mother's future health. Having been increased in weight from sixteen to twenty times, or even more, it may be readily understood what an arrest of this process of involution implies. If this process is delayed there will be pain, weight, aching in the back, hysteria, and perhaps flooding. The hand over the abdomen can detect the uterus large and tender. There is often inflammation, or there may be a lack of muscular and nervous power — atony. When this is the case, flooding is liable. If the mother continues the use of the squaw vine and cohosh plants, already described there will be little danger of an arrest of in-

volution; but should it occur it will be best to employ a competent physician.

During convalescence the diet of the mother is of importance. For the first three or four days a light diet is to be employed. Oatmeal gruel, tea and toast, light broth, and anything of an unstimulating character. This is to be maintained until the milk fever has passed, which generally occurs about the third day, if at all. When this secretion comes on gradually, but little disturbance will be noticed.

If **the diet** is stimulating, the secretion of milk will be apt to be attended with considerable fever, painful and swollen breasts, etc., which it is desirable to avoid. If, however, the mother is feeble, a more nourishing diet will be necessary from the first, and beef tea may be given, mutton broth, etc. After the milk fever has passed, the mother may have a nutritious diet, milk, oysters, beef tea, mutton broth, rice, eggs, etc., etc., gradually returning to her customary diet, which should be very nutritious.

After delivery a discharge termed **the lochia** takes place from the mother's genitals, varying in its duration in different women. In some it may dry up in a few days and in others continue for a month or even longer. Its too early disappearance may be followed by constitutional disturbances, and if not re-established will result in an impairment of

the general health, associated perhaps with some disease of the uterus and its appendages. On the other hand, if too long continued or too profuse, it will demand attention on account of causing debility.

At first the discharge is composed largely of blood. After a while it changes in character, and has the appearance of a secretion. For a few days it is of a red color, but rather thinner and more watery than blood, and does not clot; then it becomes yellowish, perhaps greenish, watery, with often the appearance of puriform matter, and finally of a soiled water appearance. It is accompanied with peculiar and sometimes offensive odor. Upon its free removal very much depends, and for this purpose soft napkins should be kept applied, and removed as often as they become soiled. To permit this discharge to remain in the bed and about the mother is simply to endanger her life. It will develop fever and poisonous infection. To negligence of this simple precaution many a woman's life has been sacrificed.

Frequent ablutions should be employed, as it often becomes acrid and excoriates the parts with which it comes in contact. This may be prevented by washing with warm milk and water, and applying some bland, oily substance. When there is considerable fetor, and the discharge has the appearance of coming from a foul or unhealthy sore, its absorption will be pretty certain to cause very serious consequences of which child-bed fever is a type.

Under such circumstances I would advise that **vaginal injections of some antiseptic material** be used. A wash of ten grains of permanganate of potash, dissolved in a pint of warm water and injected at once, does well. The same quantity of carbolic acid in a pint of warm water, is also good, and can be had at any drug store — and even if they could not, soap suds are always at hand and far better than nothing at all.

Before using the carbolic acid or permanganate of potash, use a lotion of warm soap suds to wash away the decomposing and noxious fluids. Repeat the process from two to four times in twenty-four hours. Place the woman on a bed-pan and inject with any continuous syringe. If no bed-pan is at hand, fold an old quilt to absorb the fluids and proceed. Absolute cleanliness *must* be enforced.

There is no doubt but this discharge sustains an intimate relation to the uterine involution — that it is the method by which the uterus is relieved of what has now become superabundant tissue.

Caseaux remarks:

That discharge continues from delivery until the womb has regained its normal size and consistence.

During the milk fever the lochia is generally diminished. Its suppression is caused by cold, and the mother should be extremely careful to avoid taking cold during its continuation. If it is suddenly arrested there will be fever, general constitu-

tional disturbance, bloating and tenderness of the abdomen, etc.

As a remedy in such a condition, I have confidence in the administration of a tea of *serpentaria* root. Add an ounce to a pint of boiling water, and give in one or two tablespoonful does every hour until the discharge is re-established. Aid it by a warm flaxseed poultice to the abdomen and genitals. If there is much pain and fever, one-half grain of powdered opium may be given in connection with these other means, and repeated in from two to four hours, according to the necessity.

If the lochia becomes too profuse and exhausting, it must be modified ; a teaspoonful of wine of ergot may be given twice a day to improve the contractile power of the uterus, and some of the elixirs of cinchona and iron may be given two or three times a day for their tonic influence. These elixirs can be found in every well-regulated drug store, or may be substituted by one or two grains each of quinine and carbonate of iron at a dose.

Usually, within an hour after delivery, uterine contractions will occur, which resemble more or less closely the throes of labor and are termed **after-pains**. As a rule, following the first delivery they are so slight as to occasion little or no annoyance, but become more and more severe with each succeeding child. Most writers regard them as salutary, being necessary to expel the clots that have formed within the uterine cavity, and thus prevent

hemorrhage, and to enable the organ to diminish its size.

Prof. Bedford says:

> These pains are what are known as *after-pains*. They are nothing more than the contractions of the uterus ridding itself of the fluids contained within it, and at the same time, through these contractions gradually returning, as far as may be, to its pristine state. After-pains, therefore, instead of being regarded as morbid or pathological, are to be classed among the usual and necessary phenomena of childbirth. In a woman with her first child—a primipara—these pains are ordinarily slight; in a multipara, on the contrary, they are oftentimes severe and harrassing. The reason of the difference is that, in the former case, the uterus is invested with vigor and tonicity, and consequently soon becomes restored to its original condition; while, in the latter, its walls are flaccid, and the contractions, therefore, more protracted.

Prof. Bedford's words reflect to a great degree the opinions of the medical profession in this respect, and furnish us with a **practical suggestion,** viz.: The more nearly perfect the integrity of the uterus and its associate tissues, the less pain there will be after labor.

This suggestion brings us back to a subject already partially considered in a previous chapter, in which directions are given for the removal of abnormal uterine conditions, and restoration of the muscular tissues to a healthy and vigorous state, by the employment of the squaw vine, blue and black cohosh. True, our observations then were made with a view to relieve the pains of labor, but they hold equally good with reference to the relief or prevention of

after-pains. I can assure the reader that this is not an unfounded hypothesis, but an established fact often demonstrated.

There are those, however, who have not had the advantage of previous preparation, and for the relief of such, it is highly proper to consider the remedial resources at our command. **When these pains are protracted** by a lax and enfeebled condition of the uterus, a small dose of ergot will often promote the contraction, and thus diminish their repetition. The remedial influence of the black cohosh or cimicifuga is similar, and may be continued while the after-pains last, in doses of five drops of the fluid extract or homeopathic tincture in water, repeated every three or four hours.

When these remedies are unavailing and the suffering great, it may become necessary to resort to opiates to diminish sensibility to pain. Opiates, however, do not always act kindly, and when this is known they should be avoided. When it becomes necessary to resort to opiates, one or two teaspoonfuls of paregoric is generally sufficient, or one-sixth to one-fourth of a grain of morphine, or five to ten grains of dover dowder. I prefer to avoid opiates if possible, as they are apt to derange the secretions, and the black cohosh has usually met my expectations.

It not unfrequently happens after a somewhat severe or tedious labor, that the woman will lose con-

trol of the bladder, and either be unable to discharge the urine at all, or perhaps it will constantly dribble away from her as fast as it is formed. In other cases she may have power to pass or retain it, but its passage will be painful, and the urethra remain sensitive and tender.

When she is unable to discharge the urine and the bladder is distended and painful, **the catheter** should be resorted to, and it is a very easy matter to draw off the urine if the operator *knows how.* As no one but a physician would be likely to attempt to pass a catheter, no necessity exists here for describing the operation. The woman should make an attempt to pass water in the course of six or eight hours after delivery. The first attempt will quite likely be somewhat painful, and if the urine is hot and burning, it may be well to resort to anodyne diuretics, and a teaspoonful of sweet spirit of nitre may be given in a cup of flaxseed tea. If this does not afford relief it may be repeated, and two drops of tincture of belladonna added to the next dose.

Should the woman be unable to pass her urine in from ten to twelve hours, and there is any evidence that there is any urine in the bladder, before making use of the catheter the following **expedients** may be tried: Apply hot wet cloths to the lower abdomen and external genitals, or a warm flaxseed poultice; the warmth and moisture will often relax the tissues and the discharge take place.

The influence of the mind upon matter is often

illustrated in cases of the kind, as stated by Prof. Bedford in his *Principles and Practice of Obstetrics.* He says:

I somewhere read years ago of the practice in these cases of pouring, within the hearing of the patient, water from a vessel slowly into a pitcher; and I can vouch for its efficacy in several cases in which I had recourse to it. * * * * * It is a curious, but interesting circumstance that, occasionally, after the patient has made vain attempts to relieve herself, and the failure of the ordinary remedies, the moment the accoucher suggests the necessity of having recourse to an instrument for the purpose of drawing off the water, madam, alarmed at the idea of an instrument, tells the nurse in an undertone, 'Oh, I think I can relieve myself now.' The nurse brings the bed-pan, and sure enough the bladder is evacuated. Some persons cannot evacuate either bladder or bowels upon a bed-pan, but seated upon an ordinary chamber vessel they find it easy enough, and particularly if it is half filled with hot water.

When the urine dribbles away without any control, a few drops of tincture of belladonna will generally rectify the trouble. Give a drop every hour or two until several doses have been given. If this fails to be productive of good effects, Bedford recommends ten drops of tincture of cantharides twice a day in a wine glass of flaxseed tea.

In some cases the kidneys will fail to secrete any urine, and there will not be any in the bladder to evacuate. In such cases the remedies must be addressed to the kidneys instead of the bladder, and a convenient and reliable prescription will be found on pages 102 and 103.

The custom prevails in many parts of the country

of giving the lying-in woman a dose of **physic** upon some certain day after confinement — usually the second or third. There is no necessity of such a proceedure unless the condition of the bowels demands it, and if the woman has kept her bowels in proper condition before, there will be little necessity for cathartics now.

When, however, a necessity for opening the bowels exists, the employment of a dose of castor oil the second or third day generally suffices, and also answers the additional purpose of establishing a flow of milk.

If the condition of the milk does not require anything of the kind, a seidlitz powder, a dose of citrate of magnesia, or an injection, will be equally satisfactory, and often far more acceptable to the mother's palate.

An accumulation of gas in the bowels will give rise to distention and suffering, sometimes amounting to severe distress. Pressure will cause pain, which may be mistaken for inflammation. In distention, the swollen abdomen will sound like a drum if gently tapped upon, and pressure though at first painful, will, if gentle and continued, soon give relief, while if inflammation is present, the longer the pressure is continued the more painful it will become.

In this trouble few if any remedies can equal turpentine. Add one-half to one teaspoonful of "spirits" of turpentine to an ordinary dose of cas-

tor oil and take at a dose. If the taste is offensive it may be given in capsules or syrup of gum arabic. The application of a warm flannel sprinkled with turpentine to the abdomen is also beneficial. An excellent homeopathic remedy is *bryonia*, of which five drops of the tincture is to be dissolved in one-half glass of water and a teaspoonful given every hour.

Ordinarily, in from twenty-four to forty-eight hours after delivery **a febrile reaction,** more or less severe will be experienced. If the diet of the mother has been stimulating, the fever will be more severe than otherwise. If the breasts have been filled with milk for some time, but little fever will be likely to occur. There may be a chill, followed by fever, rapid pulse, headache, unrest, and a more or less complete arrest of the lochia. This phenomena may be accompanied by distention and pain in the breasts, hence the term milk fever.

This will usually pass off in a few hours, and generally does not require any treatment. When severe, sponging the skin with tepid water, in which a little soda has been dissolved, may be employed, and a few doses of aconite given to promote sweating and abate fever. Put five drops of the tincture in half a glass of water, and give a teaspoonful every hour.

If the mother has taken the proper **precautions to harden the nipples** with astringents, and subjected them to handling by rubbing between the

thumb and finger, their tenderness will have been diminished and she will not be liable to trouble. But if she has not given the subject any attention, in a few days after the child begins to nurse they will become exquisitely sensitive and painful. An application of the child will be an absolute punishment, and nursing will be a severe struggle between duty and physical suffering. The nipples are liable to become excoriated or cracked, and being constantly in use are difficult to cure, for every time the child nurses it opens the fissures anew. When the pain becomes so great that the mother can not tolerate the efforts of the child, she becomes liable to another affliction. The breasts become engorged, inflammation ensues, an abscess forms and she has a "broken breast."

When the nipple is excoriated, the application of astringents is appropriate, and an ointment of galls may be used after nursing. When there is merely tenderness, borax and water is a good application -- brandy and water, or tincture of myrrh may be applied. If the nipple is fissured, it is a good practice to unite the edges of the fissure as closely as possible and cover it with collodion, which forms an artificial skin of sufficient firmness to admit of the child's nursing without being removed. It must be prepared by adding about one part of Venice turpentine to six parts of pure collodion, or it will be apt to contract so much on drying as to cause pain. In using it I would apply to the fissure

a solution of five grains of nitrate of silver in an ounce of water, and as soon as dry put on the collodion with a brush, applying several layers until it is sufficiently firm to hold and keep the fissure closed and protect it from the child's mouth. Repeat the process as often as it comes off or gets loosened. A great variety of rubber shields are to be had, from which protection may almost always be selected.

Abscess of the breast may be due to the cause just described, to cold, to injury, etc., but is oftenest due to carelessness in neglecting to have the milk properly drawn. The affected breast becomes "caked," swollen, painful. As soon as anything of the kind is noticed apply warm poultices, and abstain from taking much fluid. Camphorated oil makes a good application. I have also found the oil of peppermint painted over the entire breast a very effectual and agreeable remedy, and should be frequently repeated. The breasts should be supported and not be allowed to hang down, which increases the trouble. They may be held firmly in position by several turns of a broad roller bandage around the body. As an internal remedy give:

Tincture of Aconite Root, . . .	10 drops.
Tincture of Belladonna, . . .	10 drops.
Tincture of Poke Root, . . .	20 drops.
Water, ...	4 ounces.

Dose — A teaspoonful every hour or two until the inflammation subsides.

If matter forms, as soon as it can be detected, evacuate it with the knife.

During nursing, and sometimes during the latter months of pregnancy the mother may be afflicted by **a peculiar species of sore mouth,** which may be so severe as to cause great suffering and seriously interfere with the taking of food. This condition is supposed to depend upon some peculiar unhealthy state of the lobod, and is oftenest found in those who are suffering from an impaired condition of the general health, among the scrofulous, etc.

The treatment consists in improving the general health. Cinchona, iron and quinine, may be taken with a nourishing diet, and the mouth washed with borax and glycerine in water, chlorate of potash or an infusion of the common gold thread or golden seal. Let them all be of a strength that can be used without causing much pain. I have found the *baptisia* an excellent remedy. I have usually given it in doses of fifteen drops of the tincture three or four times a day. The remedy can usually be obtained at first-class drug stores. It is also called wild indigo, horse-fly weed, etc. The homeopathic remedies most likely to suit are arsenicum, mercurius, nitric acid, etc.

Although a consideration of the child after the delivery is completed does not come within the scope of painless childbirth, a brief allusion to the care of the young "eminent" cannot be far out of

place, and a few pages on the subject will perhaps be tolerated by those readers who have borne with us thus far.

Almost simultaneously with birth does **feeding and physicing begin.** So extensive is the practice that a baby may consider itself extremely fortunate if it escapes a *whole hour* after it is born, without having to take something, and from that time forward there is always a teaspoonful of some food or drug waiting for it. If ever it ventures to test its lungs or voice, it must be considered either sick or starving, and down goes the favorite "dope." Indeed they sometimes live in the world a whole day without getting their little mouths empty enough to enter an objection to the way business is done, by a cry. Ludicrous as such remarks seem, they are nevertheless *too* near the truth, for, from the baby's arrival it is expected to freely partake of "pap," "sling," castor oil, paregoric, soothing syrup, etc., etc., or else it must eat every time it wakes up, if indeed it is not awakened to feed it.

I sincerely hope that those who read these pages will remember that **the baby is not always sick nor hungry when it cries a little.** More babies die from over, than under feeding. Nothing can be farther from my wish than to neglect these little strangers, but when we realize the growing tendency to keep them half stupid with opiates in the form of powder, paregoric, soothing syrup, baby syrup, and the like, we are sure our language is not

half strong enough. There are times when opiates are needed, but to stultify a child's intellect and depreciate its vitality by narcotizing, is an abomination.

Since the first edition of this book was published, I have had the pleasure of reading a very excellent work on baby feeding, entitled *How we Fed the Baby*, by Dr. C. E. Page, of Lewiston, Me., which I cordially recommend to the consideration of every nurse and mother in the land.

While a child's stomach is intended to receive nourishment quite often, it is to be remembered that one supply should be received and digested before another is needed. Great harm may be done by keeping the little stomach distended all the time. The infant is not capable of reasoning, and will often nurse when the stomach is distended with milk. It is not uncommon for it to worry and take the breast greedily, when the judgment of the nurse or mother should prevent.

Usually at birth the breasts of the mother are filled with a peculiar secretion in which is found an element known as *colostrum*. This possesses some purgative properties, and will cause the child's bowels to move, and free the intestinal canal of the dark, tarry substance already alluded to as the meconium. This secretion from the mother's breast is better for this purpose than any drug, and for this reason the child is to be put to the breast early.

Another reason is, its efforts will induce a flow of milk.

There is still another reason, and that is, a baby can be taught to nurse with less trouble before it has been fed with a spoon, than afterward.

The breast may contain but little nourishment at first, but still the child should be regularly returned to it all the same, for the benefit of the mother if nothing else, as it causes the contraction of the uterus. At first it may cause her considerable pain.

If there is no milk in the mother's breasts it will become necessary to supply artificial nourishment, and for this purpose diluted cow's milk is most appropriate. It may be diluted about half and half with warm water and a little sugar added. Without entering into a consideration of the relative compositions of human and cow's milk, suffice it to say that such a mixture is the most nearly perfect substitute at hand, and may be given about as often as the child would ordinarily be nursed, which is on an average about once in two hours during the day, and about once in three hours at night. This may be varied a little, and as the child becomes older, the intervals should be lengthened. Ordinarily it may be permitted to take enough to satisfy itself.

The experience of ages, and the dictates of common sense all unite in declaring that **the most natural food for a new-born infant is its mother's milk,** provided she be in a proper state

of health. As her blood has nourished it during its fœtal existence, it is now her duty to nourish it with her milk. True, there are circumstances which will necessitate some other means of furnishing it subsistence, and if the mother cannot nurse it, the next best substitute is a nurse.

In the selection of a wet nurse, obtain one as near as possible the age of the mother, and whose child is not much older than the child she is also to nourish. It is needless to say she must be free from disease. Even when the mother herself undertakes to nurse the child, if she becomes extremely emaciated, or attacked by any disease, it is best that she transfer her charge to the breast of a hired nurse.

When a proper nurse cannot be obtained, the next resource is **cow's milk,** which may be diluted, and have a little sugar added, as already stated, and as the child's age increases, the water and sugar should be gradually lessened. The sugar used for this purpose should be pure refined white sugar. Select one cow, if possible a young one, one that calved as near as possible about the time of the birth of the child. The animal should be perfectly healthly, properly fed, and milked regularly. The selection of cow's milk is of the greatest importance.

If it is decided to "bring up" the child on cow's milk, **select a suitable nursing bottle,** with a nipple which will require the child to make a little exertion to secure the milk. Let the bottle be sim-

ple and easy to keep clean. Never use it to refill without thoroughly cleaning. Sour, musty, decayed milk is not a success as a healthy nutriment for a baby. A filthy nursing bottle is exceedingly favorable to the development of disease germs, and a potent child destroyer. These may appear to be small matters, but they are potent in results.

The newer the milk the better — the more natural it will be. The mother's milk must be healthy and the diet must be appropriate, for it will have a great influence upon the child. If she eats any articles of diet that disagree with her it will affect the child. Medicines taken by the mother during nursing will have an influence upon the child similar to the effect they have upon the mother.

The child should be taught the habit of seeking the breast at **regular intervals.** This is easily done if undertaken at the commencement. We are more or less creatures of habit, and it is much easier to form a habit than to break one. Babies learn quickly and unlearn with difficulty.

The evils of excessive nursing must be borne in mind, for it exhausts the mother and breaks her down. It may be that she may not have milk enough, then it will be necessary to rely partly upon cow's milk. Should the mother's health decline under nursing — her recuperative powers be inadequate to the demands of the child and her own system, she had doubtless better wean the child or resort to feeding it cow's milk. It is a mistake for

her to take large quantities of liquids to make more milk, as it impoverishes her, and does little to benefit the child. If the liquids she takes are nutritious and improve her health and strength, as well as increase the flow of milk, they may be continued, otherwise abandoned. If she has too much milk, she must be very careful and not allow her child to nurse too much, and thereby injure it.

I am often called upon to decide if beer or the **preparations of malt are beneficial,** and I am inclined to believe they are, if they agree with the nursing mother. They usually improve the appetite, increase assimilation and aid nutrition, and in this way aid the system to appropriate nourishment from food to supply the demand. If they fail to do this they had better be left off.

In infancy there is a necessity for considerable sleep, and when the sleep is calm and natural it should be continued without interruption for considerable time. A young child will be apt to sleep between each feeding, and it is a question of importance to decide whether the child should be waked up to nurse. After the foregoing remarks on habit there cannot be much doubt on the subject, and I would advise that it be done, so that there may be as great a regularity about sleeping and eating as possible, and if this plan is carried out the trouble will be materially reduced. Usually for the first month or two the child will pass two-thirds to three-fourths of the twenty-four hours in sleep.

From the second to the sixth month, it will naturally sleep twelve hours at night, waking three or four times to nurse, and taking two or three naps during the day

It should not be expected to sleep too much, for as it becomes old enough to notice objects it will amuse itself with playthings and not sleep so much. Until a child is two years old it will require a nap in the forenoon and one in the afternoon. As it grows older it will sleep less. By a wise provision of nature the amount of sleep in health will usually regulate itself, though the mother may take advantage of it and divide the sleep during the day into regular intervals, for her own convenience and the welfare of the child.

Do not bury it beneath a mass of heavy bedclothes, nor cover it so lightly that it will be chilled. Maintain as nearly as possible an even temperature. The room should be moderately darkened while sleeping. There should be plenty of pure air, but care is to be taken that it is not left to sleep where a current of air may blow upon it. Do not cover its face with the bed clothes. Give it plenty of room. A crib is better than to have it sleep in the bed with the mother. Its bedding should be freely and frequently aired, and kept free from all unhealthy odors.

As a rule it will be best that the child be confined exclusively to its mother's, nurse's, or cow's milk until it is six months old. The organs of di-

gestion in children are very easily deranged and many kinds of food are disproportioned to their digestive powers. Diarrhœa will often manifest itself as a result of poor or unhealthy milk, and will also occur when food does not agree, and will cause more or less colic.

When a child is six months old it may have a mouthful now and then of the mother's food, or arrow root, corn starch, powdered rice in milk do well; powdered crackers are good, and from these simple articles a variety of nutritive and easily digested articles can be prepared. Begin at first with a very small quantity, and gradually increase. Variety is as necessary for children as for grown people. They become disgusted and tired of one kind of diet, and their constitutions require variety. This is an important point, and really is the secret of good nutrition in children.

Meats are not much required except under direction of a physician, until after weaning. Let them have a crust of bread when they get so they can hold it. They chew or suck it and get nourishment; it teaches them to eat, amuses them and favors teething. When the mother has carried out the fruit diet, and lived on non-osseous materials, the child should have food containing lime, and the various preparations of wheat are beneficial, but must be given in moderation.

There will frequently arise circumstances that demand **a change of diet.** When the child does

not thrive on milk, or is afflicted with cholera infantum, I would then give beef tea, mutton broth, etc., as a change, and they will sometimes be found to agree far better than milk People living in cities will often find it impossible to get milk that will be good. Then the artificial substitutes will be necessary. An article called "mincasea" may be tried in many instances with advantage.

I am satisfied many children will die if we adhere to a rule in selecting the diet, and I am convinced from experience that it is better to vary the quality and kinds of food given and lengthen the intervals between feeding, rather than to persistently adhere to one article of food. Various elementary substances are required in the formation of the body and no one article of diet is likely to supply them all. When anything disagrees it should be discontinued instead of forced.

There are numerous articles of diet in the market for children — Liebig's, Ridge's, Horlick's etc. — and they have some merit ; still from coarse wheat flour a diet can be arranged by the ingenuity of the cook that will be agreeable and beneficial. Care is to be taken to avoid overloading the stomach, and not feed it anything too rich for the digestion. Milk must of a necessity enter largely into the composition of its food the first year of its life.

In feeding let the same **regularity** be observed as is advised in nursing. When the teeth have come, it can begin to chew, and meats may be

given — the tenderest meat of a fowl, and they will enjoy eating it very much — broths, soups, gruel, bread and milk. When it has no teeth to masticate meats, eggs may be given.

Until the child is three or four years old and perhaps older, it will need feeding oftener than the regular hours at which its parents eat. It will need extra meals between breakfast and dinner and between dinner and supper. Be careful to prepare its food well, and regulate the hours according to its needs.

It is a very foolish idea to disregard the choice in food, or starve them to certain articles or frugality, in order to make them tough. **Privations are not intended for infancy,** and upon us depends their future, and we should endeavor to render their constitutions vigorous and energetic by a well-selected, well-regulated and sufficient diet.

Give the baby a drink of water often. Many mothers never think of this, and the little things suffer intolerably from thirst which milk does not quench. This causes babies to nurse when they do not need it. Offer it to the child frequently whether it nurses or not. Don't be afraid of water, and don't adulterate it. Pure, clear, cold water is as grateful to an infant as an adult, and will contribute to its health and good nature.

It is often a question of considerable importance **when to wean** the little one. Nothing is gained by nursing too long when no circumstance demands

it, and on the other hand there may be danger in weaning it too early. As a rule, from twelve to fifteen months is the proper age. They should have been for some little time previously gradually inured to the substances from which they must hereafter derive their nourishment, before the change is abruptly forced upon them. Should the mother become pregnant again during nursing it will be best that weaning take place at once.

The season for weaning is important. During the hot weather, intestinal disorders are most prevalent, and any digestive irregularity it is known will generally give rise to diarrhœa and other disorders of a similar nature, and unless some circumstance renders it imperatively necessary, it is not best to wean during hot weather nor just preceding it. The mother should arrange to wean early in spring, so the child may become accustomed to different food before the hot months, or she should defer weaning until those months during which there is the greatest infant mortality have passed. To wean infants in a city in hot weather is fatal in a very large per cent. of cases. Cow's milk in the cities in summer is always a question of serious investigation, and no matter how carefully managed, it is certain if the milk is all right when it leaves the dairy, by the time the infant gets it, it will have been influenced to some extent. The country is certainly the place for babies in the summer.

It is a popular, but mistaken idea, that chil-

dren become accustomed to hardships by exposure, and this, together with vanity, which latter is often construed as maternal pride, often subjects them to a system of dress in which the very parts that should be covered and protected from the cold are exposed. If mothers are particular to expose to public view any portion of the child's body, let them cut out a piece from the clothing immediately over the heart, but keep the neck, arms and legs covered and protected. This pernicious custom of low-necked dresses and bare arms, while very pretty, is a fruitful source of catarrhal and pulmonary affections.

The surest and safest way to toughen a child is to take every precaution so that it may pass through the first years of its life without any ailment.

Every child should be clothed so as to thoroughly protect it from dampness and cold. As a rule, fine soft flannel, Canton flannel and calico are the materials from which the clothing should be made. Fine, soft flannel next the skin, except where it would be too often wet, is better than cotton material. The dress should be loose and easy, to admit freedom of movement. It is to be sufficient in quantity to effectually protect it from atmospheric vicissitudes, and must be regulated by the season and the weather.

Every article of dress worn through the day should be changed at night.

The advantages to be derived from regularity of bathing are usually underrated. The bath serves several purposes, of which cleanliness stands first.

It is an absurd idea to bathe children in cold water. The sedative influence of the cold is too great; it favors internal congestions, and often lays the foundation for serious diseases.

Every morning the child should have a bath, the temperature of which may be gradually reduced until, after a few weeks, it is not much above the temperature of the room, but never to coldness. Usually in infancy the temperature may be near one hundred degrees. The water should not be too warm. After a time the morning bath may be reduced to eighty degrees, or even seventy, but it must not be done at once, nor should the child remain in it too long.

The child can be soaked to death as well as not bathed enough. Some have an idea that a child cannot bathe too much. This is absurd. As a rule, a few minutes in the morning is enough — as much as should be tolerated.

In the evening a warm bath may be given for its soothing effect, and a sponge bath at the same time is most desirable, though if the child is irritable and restless, immersion of the body for a couple of minutes will be beneficial, and if it is of a feeble disposition a little salt may be added to the evening bath. The child must not remain in long enough to induce perspiration after it has been

taken out and wiped dry; if it does, the bath will do more harm than good. An hour or two after eating or nursing should elapse before the bath is given. The room should never be cold, and care is to be taken that the child does not take cold. The skin is to be thoroughly dried after the bath with some soft material. Very little soap is necessary. There is but little oily matter to be removed from a child's skin, and warm water will usually remove other impurities. Whatever soap is used must be unirritating or it may cause skin diseases.

As a rule, **children are more intelligent and observing than supposed,** and they quickly form habits that are not easily broken. They seldom thrive well when peevish or fretful, while good natured children are most generally healthy. Their dispositions are naturally cheerful and joyous, unless sickly, neglected or mismanaged. The following remarks are well worthy the attention of mothers:

The entire system of **nursery discipline,** too, has a direct tendency to call into action, at an early age, the passions of the child, rather than to still them, or direct them in their appropriate channels. At one time it is dandled and coaxed in order to quiet it; at another it is scolded and beaten for the same purpose. We either do what it desires, or compel it to do what we like We comply with its whims, or make it submit to ours.

Thus no medium is observed, and the child is doomed to be always giving orders or receiving them. Accordingly, the first ideas it forms are those of dominion or slavery; before it can speak it commands: before it acts it obeys; and sometimes it is corrected before it is conscious of faults, or even before it is cap-

able of committing any. We thus implant in its tender mind those passions which are afterwards unjustly attributed to *nature;* and having taking pains to render it depraved, we complain because we find it so.

But a peevish and fretful disposition in infancy sometimes arises from too close confinement in stagnant and impure atmospheres, impairing the energies of the system, impeding digestion, and subjecting the sentient organs to impressions, if not positively painful, at least uncomfortable. The remedy consists in removing the cause. All attempts to prevent or soothe the fretfulness of an infant by cakes, sweet meats and confectionery should be prohibited. The child soon acquires a morbid appetite for such things, which is ruinous to its health, and it soon learns to cry and fret in order to obtain them; nor should children when they happen to fall, or experience disappointment of any kind, be soothed by expressions of extreme pity and sorrow, and be allowed, in order to hush its cries, some foolish indulgence. Nothing tends more certainly to encourage a fretful, complaining and exciting disposition, or to induce violent and long-continued paroxysms of crying for the most trifling causes.

Fear of the most intense description, causing immediate injury to health and often producing a lamentable degree of feebleness of character in after life, is not unfrequently excited and cherished in children, by the reprehensible conduct of parents and nurses in attempting to render them quiet, or enforce their obedience to commands given them by threatening with a visit from some object of terror. As we are liable to be ruled often by the influence of incidents and impressions subject to revival by associations, when the causes which first produced them are remembered no longer, how studious, therefore, ought those who have the care of children to be, that no impressions be made on their minds which should bias their affections, mislead their judgments, or render migratory their best resolves to the end of their lives. We ought to be careful before punishing a child for obstinacy, that its fault really arises from its own wilfulness, and not from childishness or inability to do what you bid it. Inadventency, forgetfulness, unsteadiness and wandering of thought, are the natural faults of childhood, and, therefore, unless observed to be wilful, are to be mentioned softly, and gained upon

by time. Children, if properly trained from their birth, are far more docile than the generality of parents are inclined to believe; and, at a very early age can distinguish between what is reasonable and unjust in our behavior toward them. They should, therefore, be treated as rational creatures, and be made sensible by the mildness of our carriage, and by the composure even in our correcting them, that what is done is reasonable in us, and useful and necessary for them; and that it is not out of caprice, passion or fancy, that they are commanded or forbidden anything.

Anger is the most readily excited passion in childhood. Its immediate efforts are, in the highest degree, prejudicial to health, by determining to the head an undue amount of blood. It is very often the result of having frequently witnessed the exhibition of violent passions in those who surround it. Crying, screaming and various gesticulations of the limbs and body, are the means by which the passions of anger and other violent emotions are generally expressed in infancy.

Sometimes when a child begins to cry, to pacify it, a stick is offered it to beat the 'naughty stool' or 'stove,' that made it stumble; with this the child may be quieted, but thence it instinctively acquires the disposition to revenge itself on whatever gives it uneasiness or inconvenience, whether things or persons; and thus the desire for revenge is so deeply implanted in the mind as scarcely ever after to be entirely eradicated. Parents often truly wish their children to do well, but, by their own example, implant in their offspring the seeds of many a vice.

There is another **reprehensible custom,** which, though perhaps not exactly a moral consideration, is not wholly inappropriate here, and that is, **rocking** or **jolting** the child every time it frets. Children can be taught to go to sleep just as well without rocking as with, and were I to bring up a score of children, none of them should be rocked. True, it often quiets them and induces sleep, but it does it by causing an abnormal condition of the

brain and nervous system. Let a grown person try cradle rocking, or swinging, and see how they will like it. If motion is to be employed, a carriage is far preferable.

Frequently when the child is crying from colic, and its little abdomen is distended with wind, or when there may be determination of blood to the head, the head hot, feverish, and if the child could speak, it would add, painful, it is taken upon the knee and jolted, jounced and trotted, and the harder it cries the more vigorous the process, until it falls into an uneasy sleep. I always feel as if I want to horsewhip a mother or nurse who treats the suffering child in that way. Were they to try the same process when suffering similarly to the child, they would ransack the vocabulary for words expressive of condemnation. Often when attending children suffering with disease of the brain, I have more trouble to protect them from swinging and jolting than anything else — motions that are not only excruciatingly painful, but absolutely injurious.

It is not possible within the scope of a work like this to introduce much pertaining to the remedial management of children, yet a few suggestions may not be out of place. A protest has already been made against indiscriminate dosing.

Among the first things likely to demand attention is the **evacuation of the child's bowels.** Usually the secretion in the mother's breasts will be

sufficient, and we may wait for twenty-four hours without interfering. If at the expiration of this time the bowels have not moved, give a tablespoonful of a moderately strong tea of elder flowers, sweetened with molasses. Repeat every two or three hours until the object is accomplished. A small dose of castor oil is often given with good results.

New born infants are often afflicted with **jaundice,** which is easily recognized by the color of the skin. The elder flower tea alluded to above is usually sufficient to overcome it if continued for a few days, but must not be given in large enough doses to purge. If the jaundice depends upon a diseased condition of the liver of an inflammatory character, the skin and eyes will be of a dirty yellow, the stools clay-colored, the urine yellow and scanty, the child drowsy, with griping pains. I would advise in addition to the above measures that half a grain of leptandrin be triturated with five grains of sugar of milk, and given at a dose. This may be repeated every four hours until the stool exhibits bilious matter. If the trouble does not yield quickly a physician had better be called.

Usually the kidneys perform their functions naturally at birth, and if the child does not pass its water within ten or twelve hours, there will be more apt to be some obstruction to the flow, than a lack of secretion. Observe carefully that it has not urinated. If the urine is retained and the

bladder full, it may be felt as a round, circumscribed tumor in the lower part of the abdomen. If such be the case a physician is to be called at once, who will introduce a catheter, or bougie, for the child's relief, unless some other expedient he may suggest avails. If there is no urine secreted, then a few drops of sweet spirits of nitre in water may be given. Before resorting to medicine a correct diagnosis should be made, for if the bladder is full and nitre is given it may increase the trouble.

Three or four days after birth, infants are often attacked by a peculiar species of **inflammation of the eyes,** which should receive immediate attention, for delay here is especially dangerous and may result in destruction of sight, while if promptly and properly treated will generally yield with little trouble. The causes may be matters of an irritating character from the mother getting into them at birth, cold, exposure to bright light, or soap suds getting into the eyes when washing it. A physician should be called at once, though a tea of chamomile flowers to bathe the eyes is often beneficial. I have found the following very satisfactory :

Permanganate of Potash, . . 2 grains.
Pure Water, ... 4 ounces.

Mix.—Bathe the eyes often with it, taking care to get some of it into the eyes.

Borax, ... 5 grains.
Rose Water, ... 1 ounce.

Mix.

The latter is also an excellent mixture, and may be freely used. Wash the eyes with pure warm milk and water and remove all crusts and secretions, and to prevent the lids sticking together, apply a little pure olive oil, or a dram of pure glycerine may be added to the borax and rose water for the purpose, and will usually be found to work well. The eyes are to be protected from the light. The bowels must be kept gently open until the inflammation subsides.

In the purulent opthalmia of infants no time is to be lost or the eyes may be destroyed. The discharge is profuse and mattery, the lining membrane very red and swollen, light unbearable. Absolute cleanliness is needed. Thoroughly bathe eye several times a day with:

Boracic Acid, ...	1 dram.
Hot Water, ...	4 ounces.

Use warm, taking care to thoroughly cleanse the eye, and be careful that no matter be transferred to the other eye.

A competent physician should attend the case.

Vomiting must not always be regarded as an evidence of disease, for many healthy children vomit. Indeed, it must be regarded as a wise provision of nature for the disposal of an excess of food. When this is the case, care should be exercised to diminish the quantity of food taken. Vomiting may, however, be caused by an unhealthy condition of the milk; it is also the result of irrita-

tion of the stomach, and when due to this latter cause the child soon becomes pale, feeble, distressed looking, and loses its appetite.

The remedies mostly to be depended upon in these conditions are to be derived from the homeopathic school, and are aconite, arsenicum, ipecac, nux vomica and pulsatilla. A drop of the tincture of either may be put into a glass half full of water, of which a teaspoonful is to be given every three or four hours. Preparations of pepsin are much employed for the purpose, and for an infant of a few months, one grain of pepsin and one-fourth grain of subnitrate of bismuth may be given every three or four hours with advantage, thus:

Pepsin, ...	4 grains.
Subnitrate of Bismuth, . . .	1 grain.

Make four does. One every three hours.

Derangement of digestion, over feeding, disease of the mother, impure milk and a variety of circumstances render infants liable to a looseness of the bowels. The cause should be carefully sought and remedied, for nothing is more damaging to infants than the disorders of the stomach and bowels. The prescription just given is excellent and will generally correct the stomach and through it the bowels. The addition of a tablespoonful of lime water to a pint of milk will in many instances arrest the trouble. All indigestible articles of food must be carefully prohibited. Often

oily matters are the cause, and by skimming the milk it may be taken without further trouble. Opiates are too often resorted to, but they merely check the trouble for the time being, only to break out again when the remedy is suspended. I have found the homeopathic remedies — arsenicum, chamomilla, camphor, ipecac, mercurius, podophyllum, and nux — usually adequate for the relief of such cases when associated with regulation diet. One or two drops of the tincture may be added to half a glass of water and a teaspoonful given every two or three hours. Probably the podophyllum will be oftenest suitable.

Very small doses of the neutralizing cordial of the eclectic school repeated every three or four hours, will generally correct the trouble. That prepared with brandy and not much sugar is best, and may be given in ten or fifteen drop doses to a child three months old. Alternate it with the pepsin and bismuth.

Colic is one of the **approbia of infancy,** and may depend upon flatulency, or upon impaired digestion, acidity, etc. When upon acidity a little soda is the most ready remedy, and may be added to the milk. The stools in this case will generally be green, and the matter vomited sour, the child worrisome. When from impaired digestion, careful regulation of the diet, and nux vomica as under the head of vomiting. When due to flatulence a little camphor sling, tea of fennel seed, sweet flag

celery, chamomile, etc. I have however, found colocynth one of the grand remedies for infantile colic. It may be given as prepared and found in the homeopathic medicine cases, or this :

Tincture of Colocynth, .	. 2 drops.
Water, ...	. 2 ounces.

Dose — A teaspoonful every hour.

One dose will usually suffice, and by repeating it once in four or five hours the tendency to colic is often broken up.

When the trouble is repeated often, an occasional dose of the neutralizing cordial may be given and then alternate colocynth with *carbo vegetabilis* of the homeopaths, two to four hours apart till the malady is wholly broken up. Careful attention to diet is necessary.

The formation of bone, as may be inferred by reading the preceding chapters, requires the food to contain more or less of lime. As our dietetic measures deprive the infant of this element during its fœtal existance the question arises, may not this element be so deficient as to retard the natural development of bone, teeth, etc., after birth? Such a condition is not likely because the food of the mother, milk, etc., contain this substance in sufficient quantity for the purpose of the system, and it is often administered in the form of lime water in milk. When the child manifests the symptoms of teething, and still the teeth delay, I have often

given some of the preparations of lime with speedy results. The homeopathic school recommends the carbonate, or as they term it, *calcarea carb.* It is an effective preparation and will give satisfaction.

The process of teething is very often accompanied by derangement of the bowels, and we are to be careful how we abruptly check a diarrhœa at the time lest we cause an irritation of the brain and nervous system of far more serious tendencies than the diarrhœa. Usually the gums will be swollen, hot and painful. Frequently bathing the mouth of the child, cooling drinks, etc., will be beneficial, and at the same time if there is diarrhœa lime water should be added to the milk. If the diarrhœa becomes too profuse employ the remedies as directed under diarrhœa. If there are symptoms of disturbance of the brain, control with gelseminum. This will be better than opiates, thus :

Fluid Extract of Gelseminum. . . 2 drops.
Water, ... 2 ounces.

Dose — A teaspoonful every one or two hours.

If there is fever, add aconite to it, thus :

Fluid Extract of Gelseminum, . . 2 drops.
Tincture Aconite, ... 2 drops.
Water, ... 2 ounces.

Dose — One teaspoonful every one or two hours.

The child should have something to bite on at the same time to aid in bringing the teeth through. I have found such a course satisfactory in nearly all cases.

CHAPTER XI.

STERILITY.

A Divine Mandate—The Consummation of Love but Half Attained—Professional Confidences—Quacks and Marriage Guides—Interesting Considerations—History—Causes of Sterility—Hymen—What its Presence or Absence Indicates—The Woman Blamed—Displacements of the Uterus—Uterine Tumors—How they Act as Causes and who are to Manage them—Deformities of the Uterus—Stricture—Chronic Inflammation—Leuchorrhœa—Dysmenorrhœa—Menstrual Derangements—Ovarian and Uterine Debility—Sexual Excesses and Apathy—Ovarian Diseases—Late Marriages—Sometimes the Husband is to Blame if Marriage is Unfruitful—Temperamental Incompatibility—Other Causes—Some not to be Considered—Relations of Society—When a Woman is Sterile who is to Blame.

In obedience to a Divine mandate, **it is natural for woman to yearn for motherhood,** for it is the ideal state of every woman who has not already arrived there. Although it is not uncommon to meet young married women who wish to defer the assumption of maternal responsibilities for a time, there are few women indeed who will voluntarily pursue life's journey without the companionship of one or more of those little blessings, to enliven her sympathies and increase her enjoyment in the noonday of life and to comfort her declining years.

Marriage is the consummation of love; yet without offspring its object is but half attained. The coming of children strengthens the ties already existing between man and wife, and renders happy and harmonious lives that would otherwise be passed in estrangement and discord.

The yearning of the wife's heart for children is **a natural instinct** that is largely shared by the husband. Although they may conceal their desires from one another, and even publicly assert that they entertain an intense hatred for children, in the privacy of the professional consultation, confessions are made which prove that nature is true to herself.

With many females the grave is looked forward to with more cheerfulness than a childless longevity, and not a few husbands would rather die in the prime of manhood and leave an heir, than to live to gray old age and be considered incapable of reproduction.

So great is the regard of offspring by both husband and wife (and I do not consider it a betrayal of professional confidence, when I assert that I am very often consulted on the subject either in person or by letter), the question is often asked by both male and female, "Am I capable of becoming a parent?" and when disappointed in the realization of their desires, though perhaps charging the fault upon the other, they secretly and without the knowledge of the other, seek professional advice and remedy. In other cases both parties seek advice together, hoping by so doing that the true

cause of the barrenness may be ascertained, and the proper remedy obtained.

There are very few subjects that give men or women more anxiety than this, for to go through life with the self consciousness of procreative inability, is indeed a source of very great unhappiness. Quacks have taken advantage of this and made the subject the basis of numerous "Marriage Guides," in which the authors have sought to impress the unmarried with a belief in their own incompetency in order to wring from them large sums of money for pretended restoration.

According to the observations made by English investigators nearly one married woman in eight is barren. **Barrenness,** however, cannot be considered as absolute, even without interference, for it is known that women who have borne children may become sterile, while on the other hand, women who have been sterile for years subsequently become fertile. It has not, however, transpired in the course of these investigations how far the sterility may be the fault of the husband. Nor is it likely that such an inquiry can ever receive more than an approximate answer, for the very reason that people will never consent to have their private matters become public property to the extent necessary to form a close estimate, based upon statistics.

Having made chronic diseases of the reproductive functions of both sexes a specialty for years, I trust I may be pardoned for saying that the subject

of procreation concerns gentlemen far more than is generally supposed.

In connection with the subject of **sterility,** it may not be any breach of professional confidence, when I say, that the extensive prevalence of sexual abuses, and excesses of the young, and even of the middle aged, render them liable to certain disorders which so intimately concern the married state, that I am consulted daily either in person or by letter, by both sexes, as to the propriety of marriage. I mention the matter here to illustrate the causes of sterility, as being sometimes the busband's fault, for which the wife is generally blamed. If the male party to a marriage contract has by vices and pernicious practices despoiled his manhood and finds the union unhappy, or unproductive in consequence, it is fully as proper that he seek professional assistance as for the wife to bear the odium of barrenness. Happily I am able to offer those who consult me in these matter very decided assistance, these disabilities being for the most part amenable to proper treatment.

The average time elapsing between marriage and the first child is about seventeen months. The first three years may be permitted to lapse before the woman can practically consider herself sterile, though if she has not made use of any preventives during that length of time, and conception has not occurred, the chances are as thirteen to one against

her, for she will be likely to remain unfruitful, except she receive assistance from art.

In considering this subject, it is to be remembered that it does not always follow because a marriage is fruitless, the wife is to blame; nor does it follow because a woman has not borne living children, that she is always sterile; nor is it certain that if she is barren the first few years of married life, that she will never have children. Women sometimes becomes fecund after years of sterility. The mother of Louis XIV. was sterile for twenty-two years before his birth; the wife of Henry II. became the mother of ten children after a period of ten years of barrenness. Dr. Tilt, of England, mentions a case of a healthy woman who had married a healthy man at eighteen, but did not bear a child until she was forty-eight. Numerous instances are on record where a marriage has been unproductive, divorce followed with subsequent marriage of the man and wife to another woman and man, respectively, and the subsequent unions were blessed with offspring

The causes of sterility are various, and in a very large per cent. of cases can be remedied. A careful investigation of each individual case will usually reveal the cause of sterility, so that I can point out the indications of cure.

Among the causes most frequently met are the following:

Chronic inflammation of the neck or body of the womb, stricture of the neck of the womb, flexure or

elongation of the neck of the womb, tumors, growths, polypi, or other obstructions of the neck of the womb, displacements, uterine tumors, ovarian diseases, profuse and acrid vaginal secretions, uterine catarrh, leucorrhœa, imperforate hymen, sexual excesses, uterine and ovarian debility, membraneous dysmenorrhœa, menstrual derangements, sexual frigidity, nursing, late marriages, disease of husband causing imperfect development of spermatozca, temperamental incompatibility, imperfect development of the womb and ovaries, displacement of the ovaries, stricture of the fallopian tubes, adhesion of the fimbriated extremity of the fallopian tubes, etc., etc.

From this list of causes it will be readily inferred that with the exception of the last three or four, all are amenable to treatment when properly understood, because they are dependent upon conditions which the best authorities of the present unite in declaring curable.

Formerly, the causes of sterility were shrouded in mystery, and the treatment speculative and empirical, but **light has been let in** upon the subject by modern investigators, and barrenness is now known to be occasioned by certain conditions capable of removal. Much of what is known of the diagnosis and treatment is due to the labors of Drs. Sims, Thomas, Emmet and a few others, who have stripped the subject of its mystery and made the

treatment more than a mere matter of conjecture and guess work.

It will be seen that a very large per cent. of these **causes act in a purely mechanical manner**, by preventing the entrance of the spermatozoa into the womb or beyond it, where it may, by uniting with the germ cell, occasion conception. Numerous theories have been advanced as to the manner in which conception takes place.

It is now understood that the sperm cell of the male and the germ of the female must come in contact before it can occur, and that this union must occur beyond the mouth of the uterus, and under certain conditions. How these cells influence each other is not at present definitely known, but upon their union the germ acquires a disposition to unite itself to some tissue from which it may receive nourishment and support. The tissue which is most favorable for this purpose is the lining of the cavity of the womb, though it sometimes occurs in the fallopian tubes or at the ovary.

The cavity of the uterus appears to be the most favorably designed for the reception, protection and development of the fecundated germ, and the question seems settled that the sperm cell — the spermatozoon — *must* penetrate the reproductive passages of the female as far as this cavity, or fecundation can not take place. So far as I have been able to ascertain, no instances are recorded where concep-

tion has taken place between the cavity of the uterus and the external generative organs.

So far as the penetration of spermatozoa to the cavity of the uterus is concerned, it is entirely mechanical and may occur without the female experiencing any of the sensations due to the generative act whatever, although recent developments show beyond a doubt such experience on her part favors such penetration.

Instances have been known in which the spermatozoa have penetrated the uterine cavity and passed through the fallopian tubes to the ovary, but it is not satisfactorily determined that it must always be so in order that conception occur. After the union of these two infinitesimal cells has taken place, certain other favorable conditions are necessary to their development, and it is upon these conditions that the success of the impregnation depends. If the sperm cells are unhealthy or imperfectly developed, although the maternal parts are prepared for their reception, their death instead of their development will occur. If the interior of the womb is in an unhealthy condition, the fecundated germ may be unable to effect its adhesion and consequently be thrown off.

Recent authors claim that a **catarrhal condition** of the lining membrane of the womb is to a very great extent to blame for all the cases of sterility not due to mechanical obstruction. Chronic inflammation of the mucous membrane will always

be associated with a catarrhal discharge. The membrane being bathed in a secretion of its own mucus, while it may not destroy the germs by any poisonous qualities, prevents their lodgement and nutrition, and thus effectually prevents conception. If the **ovaries** are diseased, the germ cells may not be able to maintain life and perform their part. Thus failure may be due to some defect in the sperm cell, in the germ cell, or in the condition of the uterus.

In addition, the disciples of the **electro-magnetic** and the **temperamental doctrines,** would have us believe that the failure may be due to defective magnetic conditions, temperamental incompatibilities, etc, which, perhaps, even they themselves cannot clearly explain.

Among the causes of sterility, doubtless the most important are those which oppose the entrance of the spermatozoa into the uterine cavity where conception can take place; these are anything that obstructs the uterine canal, and may exist before a child has been born, or may be acquired afterward; thus, imperforate hymen, displacements, tumors, polypi, granulations or other growths within the neck of the womb, angular curvature of the uterine neck, stricture of the same, and chronic inflammation, to which might be added technically, occlusion of the mouth of the womb.

Imperforate hymen, as anyone who will consult a work on anatomy will readily see, neces-

sarily prevents, the entrance of the spermatozoa; indeed, it does not permit them to even reach the mouth of the womb at all. At one time the hymen was considered as the test of virginity, but thanks to the enlightenment of the present, it is no longer so. There are many ways in which this membrane may be ruptured without in the least compromising the virginity of the female. It may be ruptured by the use of a female syringe which every female who respects cleanliness will use, occasionally at least. It may be so fragile as to be ruptured by the menstrual flow, and in other ways; while on the other hand, it may be so powerfully developed that all attempts at copulation will be futile. There may be a small orifice through which the memses may escape, and through which it is possible the spermatozoa may enter, but not probable When this is the case, nothing short of a surgical operation will suffice for its removal.

On the one hand the woman is blamed if this exceedingly uncertian test of chastity does not exist, and on the other she will be blamed for the sterility its excessive development occasions. In the first place, none but the ignorant, prejudiced and exacting will be disappointed if it does not exist. In the second, a professional consultation will allay any unhappiness and anxiety. Let our readers bear in mind that in medical jurisprudence the presence of this membrane is not an absolute proof of chastity, nor does its absence prove immorality.

Uterine displacements may occasion sterility. The manner in which they operate is either to turn the mouth of the uterus in such a direction that the spermatozoa cannot reach it, which might be the case in *anteversion*, a displacemenet in which the body of the uterus is tipped forward and downward, and the neck and mouth carried upward and backward, the central attachment acting as a pivot upon the which uterus very nearly turns bottom up ward by tipping forward. This condition is usually associated with more or less trouble with the bladder, and is exceedingly difficult to cure, mechanical means being usually essential to success. *In retroversion* the uterus tips backward instead of forward, the body of the organ falling backward into the hollow of the sacrum, while its mouth is carried forward and upward behind the bladder, turning the mouth persistently away from the spermatozoa. By the pressure of the uterus in this condition upon the lower bowel, constipation and backache are occasioned. This form of displacement is more frequently met than anteversion. It may be cured by mechanical measures to overcome the mal-position, and the employment of remedial agents to so tone its supports that the natural position may be maintained. Very often this displacement is associated with an enlargement and increase in weight of the organ which must be overcome before a permanent cure can be expected. These mal-positions very often result in sterility.

Another form of displacement known as prolapsus or falling of the womb, is often a cause of barrenness. In such cases the mouth of the uterus often rests upon the floor of the pelvis and is buried in the soft tissues covering the perineum or vaginal walls, which form as it were by the pressure, a complete covering for the mouth of the womb, preventing the entrance of anything. To overcome this trouble has taxed the ingenuity of the profession for years. In such cases there are a great variety of symptoms, sympathetic disturbance, etc. **The indications of cure** are to reduce the increased weight of the organ, replace it, and by increasing the power of its supports or otherwise maintain the proper position. This is often difficult to do, and we often hear a physician saying, "If you could only have a child it would cure you." The truth of it is, if they could only cure the patient she would be very apt to have a child. We cannot in the space allowed this subject consider the methods of cure, nor would many be likely to succeed without professional assistance. Artificial supporters are necessary in many cases, while in others they make the troube worse, and are so painful that no woman can wear them.

Tumors, growths, etc., when occurring in the uterine neck, form a mechanical obstruction to the entrance of the spermatozoa, and as conception cannot occur in the vagina, they become efficient causes of sterility. By blocking up the canal of the

uterus they interfere with the escape of the menstrual flow, causing severe pain at the menstrual period, and by modifying this function are often the cause of profuse hemorrhage. A careful examination is necessary in order to correctly diagnose the nature of the trouble. On the introduction of a speculum the trouble may be at once apparent, or it may require the dilatation of the uterine mouth and neck before the source of troube becomes visible. Very often the morbid growth will be so small as to escape notice, yet it is a very efficient source of trouble. The growths most frequently met with are granulations, or polypi, though tumors may be present.

The measures to be employed for their removal necessarily vary with the nature of the growth, size, location, etc., etc. **Granulations and small polypi,** will usually disappear when pressure is applied continuously for a time and for this purpose sponge tents are used, medicated or otherwise, as may be. Caustics are frequently used, but when either measure is employed it must be by the direction of a skillful physician. Large polypi may be removed by forceps, snare, ligature, or scissors. Hemorrhage may be troublesome, but usually in the hands of one who understands his business there will be little trouble or pain in their removal. The removal of tumors may be effected with a knife, ligature, caustic, injection or electricity. No one but a skillful surgeon has any business to touch

them. When either of these troubles have caused sterility their removal will be likely to be followed by conception.

It may be proper to place in this division another form of **abnormal development** that is sometimes met, as a cause of barrenness : it is when the posterior lip of the uterine mouth is unnaturally long and folds over the entrance of the womb like a valve, forming an effectual barrier against the entrance of anything into the womb, but is no impediment to the escape of the menstrual flow. Such a condition might pass entirely unnoticed because it would not be attended by any other troubles that would be likely to lead to its recognition, and unless the female came under examination to ascertain the cause of her sterility, it would probably never be known, and even then unless the examiner was on his guard it might easily escape detection. This cause can be easily remedied by a surgical operation.

Curvature of the neck of the womb, is a fruitful cause of sterility, and is a frequent source of painful menstruation. The body of the womb may be bent upon its neck in such a manner as to obstruct the canal sufficiently to prevent the entrance of spermatozoa, or exit of menstrual matters, in the same way that a finger of a glove may be bent as to prevent the passage of even water. The curvature may be so great that the axes of the neck and body of the womb will intersect at nearly right

angles. Take a hollow tube and bend it upon itself to a right angle, or even an obtuse angle, and you have a good illustration. When the curvature is forward, it is called "ante-flexion." if backward, "retro-flexion." if sideways, "lateral-curvature" These deviations from normal position, are often more easily recognized than cured.

Several forms of treatment are in vogue, one of which is to cut or divide one side of the neck, before or behind according to the flexion, in order to establish a straight and free passage. When properly performed, it is generally successful; it is not very painful, though there may be some hemorrhage The subsequent treatment must be thorough or the divided portions may unite and leave it worse than before Another plan is to dilate the neck of the womb and introduce an instrument that will hold it straight, until the curvature is effectually overcome. Uterine supporters are also employed, but the surgical treatment is by far the most successful, though the dislike many entertain for the knife will often lead to a trial of the other measures. Many cases are recorded in which the successful treatment of curvature by one or the other of these methods has been followed by a realization of the highest hopes — a child!

Stricture causes sterility in a manner very similar to curvature, the uterine canal being narrowed by constriction so as to prevent the easy passage of the menses from within, or spermatozoa from

without. An examination by the touch, or by speculum, will often reveal nothing; but when an attempt is made to introduce a uterine sound, the trouble becomes apparent. This trouble is therefore very often overlooked, and the sterility attributed to other causes. There is very little excuse however, for overlooking this condition, when a thorough investigation is being made.

The treatment of this difficulty consists in permanently enlarging the canal, which may be done by the use of tents, or bougies, or by a single or double incision. The use of tents rarely effects permanent dilation, for the uterus has a tendency to return to its previous condition after their use has been discontinued. Bougies are more successful if properly used, and may be retained in position much longer than tents, but the incision, performed in much the same manner as for curvature, and properly attended until the incised surface has healed up, is almost always successful, and occasions little pain though the woman must remain in bed a few days. There are few cases but that remain permanent if the operation has been made with the requisite amount of skill. The performance of this operation, and the frequency with which it has been followed by conception, as well as relief from the most intense sufferings at the menstrual period, reflects very great credit upon the name of Dr. J. Marion Sims.

Elongation of the neck of the womb is also

a source of barrenness and painful menstruation, and its successful amputation has been effected. When the neck is unusually long, there is generally a corresponding narrowness, and the treatment is made for the purpose of enlarging the canal to facilitate the passage of the spermatozoa. It makes little difference in the result which of the three operations, as for stricture, are made, if properly per formed, but of course skill will be necessary, and no one must attempt it without a clear understanding and the requisite facilities.

Occlusion, by which a complete closure of the neck of the womb is meant, may be due to congenital mal-formation, or to ulceration, which in healing has resulted in uniting the edges in such a manner as to completely obliterate the canal. The improper use of caustics may also produce this result, and there can nothing enter the uterus nor escape from its cavity. Such a condition will be far more likely to demand interference on account of the trouble arising from the retention of the menstrual discharge, than for the relief of sterility. The establishment of an artificial opening by surgical means is necessary and gives speedy relief. Such cases are rare.

Chronic inflammation may be confined to the neck of the womb, to the body, or to both, and may involve only the mucus membrane lining, or extend to deeper structures. It is a frequent affliction of civilized women, and on account of its frequency

becomes one of the fruitful causes of barrenness. An endless variety of symptoms accompany this ailment, which are not only referred to the reproductive organs, but, through sympathy, may extend to every part of the body. This ailment is not an absolute preventive of conception, but it is not very probable that the woman that is afflicted with it will bear children.

In this trouble the neck of the womb may be much larger than natural and the membrane very much relaxed; but there will be formed in the neck a plug of thick tenacious mucus, so completely filling the canal that it opposes a mechanical barrier to the entrance of the spermatozoa. When this is not the case it will be so acid as to destroy the vitality of the spermatozoa, and the sterility is as certain as if they did not reach the locality at all. I have known many physicians to fall into error in the matter, because they were misled about the possibility of the mechanical impediment when the canal was so much larger than normal.

A cure of this ailment is essential to the fruitfulness of the female, and can be effected by a proper and persistent course of treatment, but to give a course of treatment so that it would be available, would require more space than is at our present disposal, and the patient is referred to works on the subject. Constitutional treatment alone will not always be successful, and local measures are often demanded. The internal employment of the squaw

vine and black cohosh, already mentioned, may succeed, and are worth a trial. Their effect may be aided by injections, more particularly for cleanliness, and the use of pieces of cotton batting, saturated with glycerine and placed against the neck of the womb. The action of the glycerine is to set up a drainage of the watery elements of blood contained in the minute blood vessels of the uterine neck, and thus relieve the turgescence and stagnation. They are to be repeated daily or at least every other day for a considerable time, but omitted at menstruation. Medicating the glycerine with one-eight part of tincture of iodine, golden seal, calendula, etc, sometimes increases the efficacy

It is scarcely necessary to allude to malformations or anatomical defects, other than those already considered, for the public are aware of their influence on fecundity. Some may, however, be remedied by surgical means, and we would urge all women whose happiness depends upon their anatomical perfection not to be discouraged until they have consulted some good surgeon. It would be the part of wisdom, however, when a mal-formation exists not to enter matrimony until a surgeon has been consulted.

The foregoing causes of sterility are mechanical in their operation, and the removal of the cause by medical or surgical means will usually be followed by relief of the maternal disability. Should the sterility continue more than two years

after the removal of any of the causes already considered, some other cause will have to be sought, among which the most frequent are the following:

Acrid vaginal discharges, membraneous dysmenorrhœa, menstrual derangements, uterine and ovarian debility, sexual excesses, sexual apathy, ovarian disease, late marriages, imperfect development of ovaries, displacement of ovaries, stricture of fallopian tubes, temperamental incompatibility, disease of husband, nursing, etc., etc.

Acrid vaginal discharges prevent conception by destroying the spermatozoa before they reach the germ cell. Usually this trouble will be considered as leucorrhœa and properly enough so, yet experts assure us that some forms of leucorrhœa, or "whites," do not cause barrenness, while others do. Facts of the kind are within the knowledge of nearly every observing person. The leucorrhœal secretion is not always the same but admits of a great variety of modifications, and some forms are so very acid that they are as destructive to cell life as a solution prepared in the laboratory of a chemist could be. In such cases, particularly if long continued, there will usually be soreness of the parts caused by the corrosive character of this discharge.

While a cure is always desirable it is not always so easily effected. A lotion of permanganate of potash, ten grains in a pint of water, used freely, is very valuable; still there may be constitutional troubles on which the discharge depends, that will

need attention as well as the local trouble. The sepia of the homeopathic school I have found exceedingly valuable, in such cases, as an internal remedy. Locally, a great variety of remedies have been employed, but as it is only as a cause of sterility we are considering it, we may say that if the spermatozoa can escape the deadly influence of this secretion and enter the uterus, conception may be effected. The use of injections before the sexual act, to remove as much as possible of this secretion, will increase the probability of success, and if after the use of an injection of warm water, which is made for the purpose of cleanliness, an injection of milk is used the probabilities of success are enhanced, the object being to protect the male element in its passage to the womb by removing the vaginal secretions, or by rendering them harmless.

Membraneous dysmenorrhœa is that form of painful menstruation in which the flow is expelled with shreds of tough membrane, or perhaps with complete casts of the interior of the uterus. Although it does not always cause barrenness, it is likely to do so. Its pathology is not well understood. It causes sterility by preventing the united sperm and germ cells from securing an attachment to the walls of the uterus so that development can occur, or carries them away with it when it is expelled. It is difficult to cure. When conception does occur it must take place soon after menstruation. It may exist in the single. When the dis-

ease is removed, among the married, pregnancy results. It has been thought that pregnancy would cure it, but instances have come to knowledge where the women had borne more than one child and still did not get relief from this trouble.

Menstrual derangements usually cause sterility, particularly when the flow is profuse, by washing away the impregnated ovum. When there is menstrual derangement, a functional disease of the womb or a disease of the ovary is apt to co-exist, which may prevent the perfect development of the germ cells and thus cause the union of the male and female elements to be futile. The use of the squaw vine will be found of great value in these cases. Rectify the derangement and pregnancy may then occur. There is a plant known as *senecio aurens*, or life root, which may be used with the squaw vine in infusion or syrup. Sometimes the derangement results from a low grade of vitality on the part of the woman, and when such is the case the preparations of iron are of value. If from congestion, with dragging down, aching, etc., the use of small doses of belladonna may so far overcome it as to favor conception. Fifteen drops of the homeopathic tincture in four ounces of water, and a teaspoonful taken every four or five hours, often succeeds in overcoming this latter condition.

Uterine and ovarian debility causes sterility by imperfectly developing the germ cells or by imperfectly nourishing them after they are fecundated.

Where there is no constitutional debility we may attribute the sterility to purely local debility or inertia. In case there is constitutional debility a course of tonics are proper. Iron, squaw vine, life root, quinine, nux vomica, etc , in proper doses, will often be followed by the desired results. In case of a purely local inertia or debility the use of electricity, passing the current through the body from the lower part of the back to the point over the pubes, may succeed. The use of an electrical current passed into the uterus by one pole of the battery being introduced into it, the other over the back, is sometimes successful, and so is the application of a strong child to her breasts. There is a sympathy between the breasts, and womb and ovaries, and by the reflex influence the natural function is so acted upon that conception at that time may be effected.

Sexual excesses exhaust the vitality of both parties to such an extent that the germ and sperm cells may not be sufficiently viable to perform their part in reproduction. By a wise provision of nature, such devitalized elements are frequently unproductive, and it is well that it is so. The remedy lies in modifying the indulgences to a frequency consistent with vitality, correcting the debility with a judicious course of tonic medicines, and, if necessary, such a course of local treatment as has been advised under the preceding section — electricity, cold bathing, sea bathing, etc.

Sexual apathy, while not an absolute cause of sterility, may properly be considered as one of them. Many women bear children who do not experience the least sexual desire ; yet others are barren on that account. When such is the case, an inquiry into the causes of the sexual apathy is necessary, and the case treated according to such indications as may be rendered apparent by the investigation. The fact that sterility is not always caused by the absence of sexual senses, leads us to the presumption that it is only in certain forms of this condition that sterility results, consequently the course of treatment selected will have to be dependent upon the cause. The use of tonics, electricity, injections of stimulating substances, as ammonia, (weak,) tincture of myrrh, etc., are sometimes valuable, as is the internal administration of musk, phosphorus, iron, quinine, etc., in proper doses, which may be determined from any work on *Materia Medica.*

Ovarian diseases prevent conception by preventing the development of the germ cells entirely, or by causing them to be so imperfectly developed that they cannot perform their part. The consideration of diseases of this kind is not within the scope of this work, while displacement of the ovaries, their imperfect development, together with stricture of the fallopian tubes, are of such a nature that a consideration of them would be of no value to the sterile woman, for nothing she can do will be likely to afford her relief, and we must refer

them to those who make such ailments a specialty.

The period of the greatest fecundity occurs on an average between the ages of twenty and twenty-four, and the farther the latter period has passed without the woman becoming a mother, the greater are the chances that she never will be thus favored. This is more particularly the case where no organic disease of the womb or ovaries exists as the prime cause. There are very many notable exceptions to this rule, and if some other cause may not be determined, we would not advise the woman to be discouraged, for possibly nature may bring about some mysterious (?) change that will result in her maternity. Anne of Austria, and Queen of France — history informs us — gave birth to Louis XIV. after a sterility of twenty-two years ; and after ten years of barrenness the wife of Henry II. bore ten children. Horseback exercise has sometimes been beneficial in these cases, particularly when carried to excess. Just before, or a few days after the menstrual period, conception is most apt to occur, particularly if total abstinence is practiced in the interval.

Nursing is a *fruitful* cause of *unfruitfulness*, though not absolutely certain, for instances are constantly coming under observation in which conception occurs during nursing. It is supposed the reason is because the vitality of the woman is expended in supporting the child at the breast, by the secretion of the milk, during which time the ovarian and

uterine function is suspended. After weaning, conception is very likely to occur, particularly if the mother has not seriously deteriorated in health.

Very often **the woman is blamed** for unfruitfulness, when she is entirely innocent, and the husband is the real culprit. Knowing, as I do, the extensive prevalence of self-abuse and its ruinous consequences on not only the reproductive organs but the general system, I can easily understand how the spermatozoa may be so defective that they cannot impregnate the germ cells of the woman, no matter how perfectly developed and matured these may be. The seminal fluid of the male does not always contain perfect spermatozoa, and if no good cause can be assigned for the sterility on the part of the wife, it is well to inquire into the condition of the husband before the wife is subjected to censure.

The husband may have had some disease at some time of his life that has impaired the functions of the testicles, or he may have done so by leading a lecherous life, and I am satisfied, after years of experience in the treatment of these affections, that many a wife has been unjustly blamed in the matter.

Temperamental incompatibility is a cause often mentioned, and while it is possible it is too little understood to be very often considered in the question of reproduction, farther than to the inheritance of peculiar constitutions; electro-positive

and electro-negative conditions are essential to the harmony and procreative success of a matrimony. It may appear a little far-fetched, when we consider that the polarity of organs or bodies may be more or less modified or changed by circumstances, excitement, etc., yet an inquiry into the causes of sterility could not very well evade its consideration, and if both parents are similar in temperamental and magnetic qualities they may be unfruitful, while the same parties united to others would be fertile.

No better illustration of this subject is needed than the well-known one of the first Napoleon and Josephine. She had had children in her first marriage; he became a father in his second. True, there may arise a question of Josephine's fertility with another husband at the time — a question that will no doubt always remain open. It is, nevertheless, a recognizable fact that certain parties are illy adapted to each other, socially at least, and though the question of temperaments has furnished a fine field for quackery, but little as yet is definitely known of it as a cause of sterility. There are many questions that rise before me as I write, but their consideration might lead in some cases to domestic infelicity, without doing much to unravel the mystery, and it is best that its consideration be made the subject of a private consultation in which all the peculiarities of the individual concerned

may be considered, or submitted to those who delight in such metaphysical (?) inquiries.

The question of temperaments, however, is one that should receive attention from marriageable people, even aside from its influence on fertility and the fruitfulness of the union. It is easy enough to follow the subject in the divisions laid down by those who have make the study a specialty, and to say who are best adapted to each other, but to carry the question to a consideration of sterility is extremely difficult, because there may be circumstances connected with the sexual life of a husband and wife, before or after marriage, that no inquiry except made in individual consultation would reveal, and I must confess that the subject in the present state of society seems a very *unproductive* one.

We have already considered the most frequent causes of barrennes and pointed out the indications for their removal, many of which we are sorry to acknowledge cannot be carried out wholly by the woman herself

In the treatment it may sometimes be found that after the removal of some cause the sterility will continue. When this is the case some other cause must be sought, for it so happens that occasionally a combination of causes may exist. The researches of Dr. Sims have shown that for the most part the causes of sterility are mechanical, and that the removal of the mechanical cause is

followed by pregnancy in a large proportion of cases. It has been my endeavor to show the barren woman the operation of those causes, and to point out others which may offer an opposition to her happiness. There are, however, still others which do not admit of any general classification, but they are not very frequent, and it is presumed they operate remotely rather than by being causes within themselves. Of these we may mention season, climate, social position, sexual relations, etc.

It is claimed that spring is the most favorable season for fecundity. Climate, no doubt, has much to do with fecundity and barrenness, but it is no doubt due to the influence it exerts upon the general health, though it is said that the southern climate is more favorable than the northern. Perhaps this may be accounted for by the difference of the sexual dispositions of those who live in the different climates. Sterile women, traveling with their husbands, sometimes find that an ocean voyage, or a trip to some other climate, so modifies and improves their general health that it ultimates in their becoming mothers. Social position, no doubt, has something to do with fecundity, and without making any inquiry into the sexual relations of the rich and poor, I will state that women who live in luxury and fashion are not so prolific as their poorer sisters. Those who are in the best circumstances to care for large families, rarely have as many children as those who find it difficult to

provide for them. It is said that in Belgium, the higher the price of bread the greater the number of children, and the greater the infant mortality. In another chapter allusion has been made to the greater prevalence of uterine disease among wealthy ladies in proportion to their numbers, which may partially account for the difference in the size of families. On the other hand, many weak and feeble women have a numerous progeny.

Sexual relations, no doubt, exert a greater influence upon fecundity, fertility and sterility, than is generally supposed, and this is not only in relation to the relative conditions of health, but also to the other relations married people sustain to each other. The subject, however, is one which, while the reader might be specially desirous of understanding, my regard for propriety forbids its consideration in this place. Should those thus affected choose to consult me personally or by letter, I will endeavor to enlighten them as far as possible.

There is an **inadaptability** often existing between the parties to a marriage contract, that renders their lives unhappy, and prevents them from having children. These troubles require skillful treatment, and are generally of such a character that they yield readily when the requisite skill is obtained, and no one should be discouraged if they should be unfortunate enough to at first fall into the hands of quacks, for those unprincipled rascals are plenty and are ready to palm themselves

off for scientific physicians. The sterile will do well to consider the subject and ask themselves the question, what is wrong? **When people live unhappy lives, who is to blame?** Are both, or is only one?

Such queries may lead them to be more forgiving to each other and thus relieve the mental causes of sterility. This may seem far-fetched, and will, perhaps, be criticised by those who can only see causes of sterility in the tangible conditions already considered, yet if the mind can influence antenatal conditions so as to cause "birth marks," may not lack of mental, moral, social, sexual and domestic harmony be equally as unfavorable to the occurrence of conception, as to the perfect development of the child that has been conceived?

In closing, the author hopes that a consideration of this chapter will be the means of directing unhappy and sterile wives to the realization of their maternal desires, as well as by previous chapters, to relieve the fertile ones of the difficulties aud dangers, the pains and the perils of childbirth.

CHAPTER XII.

DISEASES OF WOMEN.

Social Customs Cause Disease—Menstruation—Its Disorders—Ammenorrhœa—Suppression—Retention—Causes—Symptoms—Treatment—Prescriptions—Anemia—Plethora—Irregular Menstruation—Painful Menstruation—Characters—Treatment—Prescriptions—Profuse Menstruation—Causes—Treatment—Vicarious Menstruation—Leucorrhœa—Causes—Symptoms—Treatment—Chronic Inflammation of the Womb—Causes—Symptoms—Treatment—Constitutional—Local—Persistence Needed—Prescriptions—Ulceration—Symptoms—Treatment—Caustics—Healing Applications—Displacements—Different Forms of—Different Symptoms—Causes—Treatment—General—Local—How to Remove—How to Cure—Acute vs. Chronic Displacement—Sub-Involution—Character—Causes—Dangers—Treatment—Uterine Tumors—Different Varieties—Diagnosis—Removal—Cancer of Womb—Change of Life—Symptoms Neglected—Effect it Produces on Future Health—Management—Remedies—Conditions Considered—Uterine Stricture—Cure—Vaginismus—How it Affects Domestic Relations—Causes—Treatment—The Ovaries—Their Importance—Their Diseases—Causes—Treatment—Ovarian Tumors—The Breasts—Their Double Function—Diseases—Inflammation—Abscess—Treatment—Wasting—Causes—Non-Development—Excessive Growth—Tumors—Cancers—Diagnosis—What to Do.

The **distinguishing characteristics** of woman's organization render her liable to certain diseases from which men are exempt. As these ailments are not necessarily associated with gestation, both married and single are subject to them

A consideration of these matters does not form a

necessary part of this book, but I have been so repeatedly solicited for a book on diseases of females that I have concluded to add this chapter.

Social customs impose on woman unhygienic conditions that impair her constitutional vigor and favor the development of uterine diseases. Many of them are primarily local, but they exert such a profound influence on remote parts, through the medium of the sympathetic nervous system, that the whole constitution suffers; the functions of various organs are preverted and the social faculties are deranged to such an extent that the woman who was formerly happy and cheerful, now becomes one of the most miserable of beings. In this way derangements of the stomach, liver and kidneys are caused; affections of the brain and nervous system are produced, dyspepsia supervenes with innumerable symptoms, the blood-making process is impaired, and often fatal consumption results.

All healthy females are subject to a **peculiar function** that recurs periodically about once in twenty-eight days, between the ages of thirteen and forty-five. It is called the *catamenia*, or *menses* from *mense*, a month, and is characterized by the elimination and discharge of a sanguineous fluid. This period of menstrual activity is subject to variation in different climates, and even in our own, 43 degrees north latitude, remarkable instances are recorded where it has appeared much earlier, or continued much later. It defines the prolific

period of woman's life, and upon the regular occurrence of the function and its proper performance, her physical welfare materially depends. The derangements of menstruation are divided into three classes, viz.: *Ammenorrhœa*, *Dysmenorrhœa*, *Menorrhagia.*

AMMENORRHŒA.

Ammenorrhœa signifies the absence of menstruation from other causes than gestation, or the natural cessation at the end of the prolific period. When menstruation fails to appear at the proper age it is called *retention;* when it does not appear at the proper time, after having been once established, it is called *suppression.*

Retention is usually due to a delicacy of the constitution, in which the proper amount of vital stamina or nervous energy is absent, diseases of the lungs, liver, kidneys, scrofula, anemia, etc.; or it may be due to disease or absence of the ovaries, uterus, or vagina. The secretion may be prevented from escaping by an imperforate hymen. A certain amount of physical force is necessary for the performance of any function, and if at the time the girl should develop into womanhood, anything occurs to lower her vitality, it will tend to prevent the development of menstruation. Every mother should be solicitous for the welfare of her daughter at this critical period, for carelessness then may cost her life. She should be instructed what she

may expect at such a time, lest suddenly surprised she may do something to her disadvantage

The symptoms necessarily depend more or less on the cause of the retention. If the ovaries or uterus are absent, no menstruation will ever occur, no matter what treatment may be tried. If there is imperforate hymen, or occlusion of the mouth of the uterus, there will be the usual monthly disturbance but the secretion cannot escape. In such cases there will be local pains, and as it goes on a fullness, distention, a sensation of bursting, straining at stool and when urinating, enlargement, etc , etc The obstruction being of a mechanical character, surgical measures to establish the passage will be needed and must not be delayed too long.

When due to constitutional causes there will be a pale, sallow, waxy, sodden, sickly appearance of the the complexion ; the tongue furred, breath offensive, appetite variable, morbid cravings, nausea, general debility, easily fatigued, languor, pain in the back and limbs, or bowels, cold feet, wasting of flesh, dyspeptic symptoms, constipation, palpitation, despondency, vertigo, headache, noises in the ears, and perhaps leucorrhœa, nose-bleed, etc., etc.

Debility is the type of this condition and remedies to invigorate — to build up — must be employed. At the same time we must attend to the correction of any functional disturbance that may occur. The blood is impoverished, there is anemia, and iron is generally needed ; and as digestion is

usually weak and the appetite poor it can be combined with a bitter tonic with advantage. A good and pleasant formula is: Elixir calisaya iron and strychina, a teaspoonful before each meal; or, compound elixir of phosphates is a good form in the same doses. They may be changed, giving one for a week and then the other. In some cases the addition of a little arsenic, in the form of Fowler's solution, materially increases the beneficial influence of the medicine. My prescription then would be:

Compound Elixir of Phosphates, - 8 ounces.
Fowler's Solution, - - - 1 dram.
Dose — A teaspoonful before each meal.

Aloes have many years enjoyed an excellent reputation in such cases; they improve nutrition, overcome the constipation and favor the development of menstruation. Their disagreeable taste is the greatest objection. The following formula is a good one, not unpleasant, and can usually be procured anywhere:

Sulphate of Cinchona, - - - ½ dram.
Red Carbonate of Iron, - - - 1 dram.
Aqueous Extract of Aloes, - - 5 grains.
Sugar in powder, - - - - 1 dram.

Mix thoroughly and make thirty powders, and take one three times a day.

If palpitation is annoying, in addition give three to five drops of the homeopathic tincture of *cactus grandiflorus* in water, three or four times a day.

When the nutrition and blood-making process

has been improved by the foregoing agents, we may begin the use of remedies that have a direct influence on the uterine functions, as the *senecio gracilis* —also called female regulator, life root, squaw root, unkum, etc. It may be given in an infusion, or fluid extract, or homeopathic tincture, ten to twenty drops three times a day in water or syrup.

Forcing medicines are not advisable. All through the treatment give a nutritious diet that is easy of digestion, out-door exercise, pleasant scenery, riding, etc.; abstain from labor, study or anything that exhausts.

Suppression may arise from various causes, the most frequent of which are pregnancy or sudden cold. It may also be due to debility, to plethora, fevers or various diseases. When due to pregnancy it is not to be regarded as a disease. Suppression may occur in the most robust constitutions as well as in the weakly, while retention is almost always a consequence of debility. When suppression is developed gradually, the derangement increasing from month to month, it is generally due to some other disease, as scrofula, consumption, etc., and the treatment must be selected with a view to overcome those conditions, as well as to regulate menstruation.

Abrupt exposure to cold, getting wet at the period, violent mental emotions, cause sudden suppression. The flow may be suddenly arrested, or these causes occurring at the end of the period the

next return of the same may not take place at the proper time Such cases require prompt and efficient measures. When sudden cold is the cause, the uterus and ovaries are in a state of congestion, and we should employ remedies to relieve the circulation. A hot hip bath, alcoholic vapor bath, and hot foot bath are always beneficial ; then internally give :

Tincture of Aconite,	15 drops.
Tincture of Belladonna,	5 drops.
Tincture of Pulsatilla,	60 drops.
Water,	4 ounces.

Dose — Give a teaspoonful every hour, and alternate with a tea of *serpentaria*, also known as Virginia snake root.

Usually, in a few hours there will be sweating, relief from the fever and pain, and the flow will be re-established.

If due to plethora, the use of medicines to act on the bowels, and repeated frequently, are almost always advisable. At the same time give :

Bromide of Potass,	1 ounce.
Fluid Extract Black Cohosh,	½ ounce.
Fluid Extract Ergot,	½ ounce.
Syrup and Water, each,	3 ounces.

Making in all eight ounces, and take a teaspoonful three or four times a day throughout the interval, and as the time for the flow approaches give aconite in one-half drop doses every two hours, for two or three days, till the flow is established.

In Lymphatic constitutions, give :

Iodide Potash,	1 ounce.
Fluid Extract Black Cohosh,	½ ounce.
Fluid Extract Senecio,	1 ounce.
Simple Elixir,	6 ounces.

Mix Take a teaspoonful three or four times a day.

In anemia give the remedies advised for retention, iron, good diet etc In such cases a woman does not menstruate because she has not the blood to spare

Menstruation is frequently irregular both as to the time of occurrence and the quantity and quality of the discharge. It may be too frequent, or too long delayed It may be too much, or too little, and sometimes there will be at the period a colorless fluid, instead of the natural discharge These deviations from a natural standard are symptomatic, and are to be treated accordingly When too frequent, the ovaries and uterus suffer from an irritable or excitable condition, and are apt to be congested by slight causes, and I would advise :

Tincture of Belladonna,	15 drops.
Tincture of Apis,	10 drops.
Water,	4 ounces.

Take a teaspoonful four times a day.

Avoid too long-continued exertion on the feet, excitement, etc, and use the cool hip bath daily. If the ovaries are sore and painful on making pressure just inside the point of the hips, alternate the above prescription with :

Bromide Potash,	1 ounce.
Tincture Blue Cohosh,	½ ounce.
Tincture Nux Vomica,	1 dram.
Simple Elixir to make 8 ounces.	

Dose — A teaspoonful three or four times a day

When the menses are delayed and scanty, show-

ing ovarian and uterine torpor, remedies to stimulate this function are necessary, and if there is debility or anemia, combine them with iron :

Fluid Extract Helonias,	1 ounce.
Fluid Extract Senecio,	1 ounce.
Fluid Extract Aloes,	1 dram.
Simple Elixir,	6 ounces.

Dose—A teaspoonful three times a day.

If anemia exists, give :

Citrate of Iron and Quinine,	1 dram.
Simple Elixir,	4 ounces.

Dose—A teaspoonful after meals.

When the period should occur a tea of motherwort and squaw vine may be drank freely for several days. The motherwort is also known as *leonurus cardica.*

DYSMENORRHŒA.

Dysmenorrhœa signifies difficult or painful menstruation. A very great proportion of the women of the present experience pain at this time, varying in intensity from a slight uneasiness to the most excruciating agony. The character and even the location of the pain varies greatly in different persons, and is materially influenced by the cause. There are four varieties of the disease, known as *neuralgic, inflammatory, membraneous,* and *mechanical,* and cases are often met in which the three varieties seem to be blended in one.

The neuralgic variety is most likely to be met

in women of nervous temperament, in delicate health, and may occur at almost any period of menstrual life. The pain is often referred to the ovary, perhaps extends to the back and thighs, and is often intense. Cold, mental emotions, sexual abuses, shocks, and anything that excites or exhausts the nervous system may induce the attack. The treatment consists in relieving the pain at the attack and improving the general condition during the interval. The relief of the pain usually requires something of a narcotic or anodyne character, and as much as I object to the indiscriminate employment of such drugs, the relief they afford must, when necessary, be the excuse for their administration.

Tincture of Belladonna,	15 drops.
Tincture of Pulsatilla,	30 drops.
Water,	2 ounces.

Give a teaspoonful every hour until relief is obtained or the belladonna manifests its characteristic effect by dryness of the throat or dilatation of the pupil of the eye, when it should be suspended or given at longer intervals.

The hypodermic injection of one-sixth or one-quarter grain of morphia is almost always reliable when all else fails. A suppository may be introduced into the rectum or vagina, containing :

Opium,	1 grain.
Extract of Belladonna,	½ grain.
Cocoa Butter,	10 grains.

This will generally give speedy and lasting relief.

During the interval an effort must be made to improve the constitution so that another attack may not occur. Avoid tea and coffee and all stimulating diet, excitement, sexual relations, etc. Take salt water baths with friction, plenty of out-door exercise, etc., etc., and give:

Compound Syrup of the Hypophosphite, 7 ounces.
Tincture of Cimicifuga, - - - 5 drams
Tincture of Nux Vomica, - - - 1 dram.
Dose — A teaspoonful three or four times a day

During the week immediately preceeding menstruation give the above prescription of belladonna and pulsatilla, in teaspoonful doses, three times a day.

In the **inflammatory variety** there will be more or less of the general symptoms considered under chronic inflammation of the womb. The pain generally becomes worse when the flow is being established, gradually increasing till it reaches its height, and as the flow depletes the vessels of the uterus it subsides. There is generally more or less constitutional disturbance, dragging pain in the hips and back that is not entirely relieved between the periods, headache, leucorrhora, etc. This form is often associated with a rheumatic condition.

The treatment of this form of the disease will be more fully explained when the consideration of chronic inflammation of the womb is reached. Among the other means employed will be the hot

sitz bath, hot foot bath, hot vaginal injections, the use of opium and belladonna suppository at the period and just previous to the menstrual return, the glycerine and cotton tampon, medicated or not, as may be desired. In using the injection use a continuous syringe, which every lady should have, and continue the flow as hot as it can be borne for half an hour or longer. It usually gives great relief In the use of the tampon it should be begun three or four days before the anticipated trouble and continued until the flow begins. (For a further description, see chronic inflammation of the womb.) For a week before the period commences take the following:

Tincture of Cimicifuga,	2 drams.
Tincture of Aconite,	15 drops.
Tincture of Belladonna,	10 drops.
Water,	4 ounces.

Dose — A teaspoonful four or five times a day.

The cure must be effected in the interval, as the measures adopted at the period can only palliate at best.

Membraneous Dysmenorrhœa is attended with great suffering, and with various modifications constitutes a large proportion of all the cases of painful menstruation. It is characterized by the formation of clots of dark blood, shreds of membrane, and in some cases of complete casts of the lining of the womb.

The suffering in such cases usually comes on from one to five days before the flow begins, with feverishness and constitutional disturbance, headache, backache, pain in the pelvis, and, as it progresses, becomes periodic and labor-like, and is in some cases more severe than ordinary childbirth, and the female not unfrequently becomes unconscious The pain is often spasmodic, expulsive and tenesmic, and continues until the flow is fully established and the membrane or clot is expelled. As the pain goes on month after month, local inflammation is developed and adds to the difficulty. The general health suffers, the ovaries become congested, enlarged, extremely sensitive, the nervous system becomes weakened and irritable, and the condition is one of abject misery.

The successful **treatment** of this form requires an unusual amount of tact and skill, associated with perseverance. Affecting as it does a class of persons among whom there is a wide diversity of constitutional peculiarities, the treatment will have to be varied to meet the conditions presented by each individual case. The advice already given for relief at the period may be used, and will no doubt palliate ; but it will usually be fouud necessary to resort to opiates or narcotics to obtain very marked relief. The following prescription I have found suitable in nearly all cases, affording temporary relief when other measures had failed. I

give the forms of the remedies most generally obtained at any and all drug stores:

Fluid Extract Blue Cohosh, - 3 drams.
Fluid Extract Viburnum, - - 1 ounce.
Fluid Extract Gelseminum, - - 30 drops.
Sulphate of Morphia, - - - 2 grains.
Simple Elixir, enough to make, - - 4 ounces.
Dose — A teaspoonful every hour till relieved.

It should be employed before the pain becomes so exceedingly severe, and will prevent untold suffering. If it is carried too far, drowsiness and prostration, inability to open the eyes, double vision, etc., will occur, when it should be stopped for some hours, till these symptoms wear off.

The application of belladonna in the form of ointment, or on a bit of cotton, to the mouth of the uterus will favor its dilation so as to permit the expulsion of the membrane, after which the pain will subside.

It is during the interval that the treatment must be directed to a cure. The following prescription will benefit the majority of cases.

Fluid Extract Black Cohosh, - - 1 ounce.
Fluid Extract Squaw Vine, - - 1 ounce.
Fluid Extract Colchicum Seed, - - ¼ ounce.
Iodide of Potass, - - - - - 1 ounce.
Simple Syrup or Simple Elixir, - - 5 ounces.
Dose — A teaspoonful three times a day.

If there is debility give tonics in alternation with the above. Some of the prescriptions already given containing iron will do.

If there is **a scrofulous condition,** alternate the above with the compound syrup of hypophosphites with quinine and nux vomica, which can be got at any drug store, ready prepared.

If rheumatism is the predominating trouble, in addition to the prescription containing colchicum, it will be well to give alkalies, as the bicarbonate of soda in ten or fifteen grain doses, several times a day, dissolved in a little water.

Throughout the treatment of such cases, a course of hygiene is to be carried out looking to the improvement of the general health, regular hours, warm clothing, baths, good nutritious diet, avoidance of excesses, etc., etc. Marriage has often been urged as a means of cure, but with little propriety, for seldom has a person been benefitted when this form of disease exists.

Mechanical Dysmenorrhœa is due to the presence of an obstacle to the exit of the flow. This obstruction may depend on a stricture or narrowing of the uterine canal, or a curvature of the same to such an acute angle as to close the passage, to displacement, to the presence of a tumor or polypus within the passage, or any other cause that tends to close the passage. These conditions cause sterility as well as dysmenorrhœa.

In such cases the pain will be severe, the flow scanty or it may escape in gushes ; ovaries become tender and irritable, and the whole system often

takes on an irritable condition that is extremely unpleasant and annoying. A positive diagnosis can only be made by a proper examination.

Treatment consists in measures to render the canal pervious by the removal of whatever obstruction may exist, the dilatation of the passage by tents or dilators, or incisions to straighten and enlarge the same. Of course such measures can only be resorted to by a competent physician, so there is no need to enlarge on the subject here. The use of warm baths is always useful. Belladonna applied locally, and the use of the prescription already given, and pulsatilla are always temporarily useful. In using pulsatilla, give two to five drops every two or three hours.

MENORRHAGIA.

Menorrhagia signifies **profuse menstruation,** and also applies to the unnatural and unusual frequency of its return. It may occur at any period of life from puberty to old age. It affects all varieties of constitutions, although the sanguine are most liable. Excessive exertion, debility, organic diseases of the womb and ovaries, sub-involution, are fruitful causes. A defibrinated condition of the blood, and plethora are among the most frequent sources of the disease. It may also be due to such diseases as cause anemia, tuberculosis, Bright's disease, affections of the spleen and liver, prolonged nursing, anger, grief, passion, excessive exertion at

the period, sexual excesses, inflammation, uterine relaxation, tumors and polypi. The **symptoms** vary with the nature of the disease. In mild cases there may be more or less debility, a sense of languor, palpitation, dizziness on exertion, etc., with an increased frequency or quantity of the flow. In the severer cases the hemorrhage becomes excessive, the countenance pale, blanched, great prostration, fainting, feeble and rapid pulse, uneasiness, every exertion causing the blood to start freely, etc.

The treatment must be directed to modifying the flow at the time and to averting its repetition.

During the flow the recumbent position should be enforced, and a bandage applied around the pelvis and abdomen. Then give a tea made of equal parts of cinnamon bark, hemlock bark and witch hazel leaves, steeped strong. Give a tablespoonful every half hour or hour, lengthening the intervals as the urgency of the symptoms subside. Five to ten grains of gallic acid in a tablespoonful of water, either alone or in alternation with the tea. Ten drops of the oil of *erigeron* (fleabane) on sugar may be used with the same frequency of repetition. Either of these three remedies are reliable, and may be used singly or in alternation. Hamammelis, cannabis indica, aconite, etc., of the homeopathic school, are excellent remedies. Large does of ergot are good, in cases where the uterus is large and flabby. Give a teaspoonful at once. If the

blood is thin and defibrinated, the patient naturally pale, this old formula is a good one :

Sulphate of Quinine, - - - 80 grains.
Aromatic Sulphuric Acid, - - 1 ounce.
Mix. Dose — Thirty drops in water every three or four hours.

If the case is urgent, plug the vagina with cloths or cotton wet in vinegar.

During the interval, measures adapted to the peculiarities of the case should be instituted. If there be anemia or a lack of fibrin in the blood, iron is necessary. If Bright's disease, or affections of the spleen exist, treatment appropriate to them is necessary.

If there is syphilis, an alterative and tonic course is needed. If it is due to sexual excesses or abuses, it must be abandoned and remedies adapted to overcome the nervous prostration associated with this condition are to be used. Such conditions should receive the attention of a competent physician, as they are so variable that prescriptions given here may need to be varied more or less. A large proportion of cases need a uterine combined with a constitutional tonic, and for such the following will be found excellent :

Fluid Extract Helonias, - - ½ ounce.
Fluid Extract Senecio, - - - 1 ounce.
Fluid Extract Trillium, - - - 1 ounce.
Fluid Extract Nux Vomica, - - 1 dram.
Simple Elixir, - - - - - 5 ounces.
Dose — A teaspoonful three times a day.

Give a nutritious but not stimulating diet, cold hip baths, sponge baths, moderate out-door exercise. Avoid all excitement.

If the patient be plethoric, she should be given free cathartics frequently. If tumors or polypi exist, the proper surgical treatment for their removal is necessary.

If at the time when the menstrual period arrives, a sanguineous discharge from some other part takes place, it is called **vicarious menstruation**. It may occur from any part, but usually comes from a mucus membrane, and presents all the characteristics of the menstrual flow. When the uterine function is re-established, this vicarious function ceases. The treatment generally required is to re-establish the natural function, and for this purpose emmenagogue remedies are needed, among which cotton root in one or two teaspoonful doses of the fluid extract three times a day, for several days at the approach of the period, is a good remedy. Also *senecio gracilis* and other remedies advised under ammenorrhœa. If the discharge takes place from the lungs or stomach, remedies to control the hemorrhage as well as to bring on menstruation may be required. Of course any other perverted function should be corrected.

LEUCORRHŒA.

Leucorrhœa, (**fluor albus, or "whites"** as it is more generally called) is one of the most common

of female complaints. It is characterized by a discharge from the female genitals, varying in color from whiteish or colorless, to a yellowish or light green, to a redish or brownish, or even bloody; in consistence, from thin and watery, to a thick, tenacious, ropy substance; in quantity, from a slight increase of the natural secretion to several ounces in twenty-four hours.

It is so general that there are few females who are not affected by it at some period of life. It is even met with in infancy. It may be so bland as to occasion little or no inconvenience, or it may become so acrid and corrosive that it will excoriate every tissue with which it comes in contact; and when the virulent form occurs in the married, it may cause in the husband an affection known as *balanitis*, which bears such a strong resemblance to gonorrhœa, that unjust suspicions arise and occasion much domestic unhappiness.

The diagnosis of a **virulent leucorrhœa** from true gonorrhœa is made with difficulty, and has often given rise to serious inquiry regarding the chastity of the female. A diagnosis, however, being possible by competent physicians, hasty or unjust conclusions should not be indulged. When this secretion is profuse or acrid it is very apt to cause sterility, and not infrequently is the cause of the most excruciating agony during the connubial relations.

For the most part leucorrhœa is regarded as

symptomatic of some disease of the uterus or vagina, of either a functional, inflammatory or organic character, or it may be indicative of some disorder of the general health.

Anything capable of lowering vitality predisposes to leucorrhœa. It is generally present as a symptom or complication of almost every form of uterine disorder. Influences that cause inflammation, ulceration, congestion, and displacement of the uterus, menstrual derangement, etc., give rise to and perpetuate this disorder. Among the most common causes we may mention are luxurious living, sedentary habits, excessive sexual indulgence, masturbation, abortions, uncleanliness, piles, abnormal growths, prolonged nursing, pregnancy, too rapid child bearing, injuries, gonorrhœa, cold at the menstrual period, etc.

Among the early **symptoms** are generally a sense of heat and soreness, amounting to pain or smarting, and a sense of swelling followed by the development of the discharge which may be a white, greenish, yellow, brown or reddish hue. The sufferer becomes pale and emaciated, her eyes look dull and heavy, there is severe and prolonged pain in the back and loins ; the functions of the skin, stomach and bowels become deranged, the circulation is impaired the head hot and feet cold ; there is a loss of strength and energy, languor, pain in the stomach, failure of appetite, headache, dyspepsia, nervousness and hysteria.

As the disease progresses the blood becomes impoverished and the female weak and emaciated ; the feet and ankles swell, urination becomes frequent and painful, the mind is dejected, the victim becomes apprehensive, despondent and melancholy. This state of things produces displacements, sterility and impotency result, and the sufferer is reduced to abject misery.

The disease may be **uterine or vaginal,** or it may be a combination of both, and the character of the discharge as well as the symptoms will depend materially upon the cause, the location of the disease, and the amount of inflammation.

The successful **treatment** of this affection will depend largely upon the recognition and removal of the disturbance that occasions it, the inculcation of proper hygienic regulations, and the employment of appropriate remedial agencies. It will therefore be seen that the treatment must necessarily vary to suit the indivual case. We must have an avoidance of sexual excesses, while the mind must be withdrawn from all lascivious objects. Over exertion, fatigue, heated rooms must be prohibited. The most perfect cleanliness of the parts must be enforced, or our efforts will fail. Daily and thorough syringing is essential to success. The morbid secretion is more or less irritating of itself, and if allowed to remain, undergoes decomposition, becomes acrid and offensive, and is extremely prej-

udicial to the integrity of the mucous membrane lining these parts.

We must seek by every means at our command to invigorate and improve the condition of the general health. Plenty of exercise in the open air, good nutritious diet, and regular habits are necessary, and when other diseases co-exist they must receive appropriate attention.

The employment of **injections** of tepid water, soap suds, medicated or otherwise, for cleanliness alone, are necessary, and should be repeated at least once a day with a perpetual syringe that will throw a continuous stream, and thoroughly irrigate the parts and effectually wash away every particle of secretion.

As an injection, water medicated with carbonic acid, ten to fifteen drops to a pint, once a day, is excellent. When the smell of carbolic acid is objectionable, permanganate of potash may be substituted, half a dram to a quart, used freely.

When the disease is confined to the vagina, astringent anti-septic lotions are desirable, of which the following will usually meet the indications:

Sulphate of Zinc,	1 ounce.
Powdered Golden Seal,	3 ounces.

Mix. Put a heaping teaspoonful in a pint of hot water, and let it stand till cold, and use at once, repeating it at least every day.

If there is much soreness and smarting, use the

following till relieved, and then use the foregoing:

Laudanum,	2 drams.
Solution Sub-acetate of Lead,	1 dram.
Water (tepid),	1 pint.

Use at once.

Constitutional treatment is essential. Tonics and alteratives are needed. At the same time, if any function is perverted it must be corrected by proper means. Give:

Fluid Extract Stillingia,	1 ounce.
Fluid Extract Life Root,	1 ounce.
Fluid Extract Black Cohosh,	½ ounce.
Fluid Extract Buchu,	1 ounce.
Simple Elixir, to make 8 ounces.	

Take a teaspoonful three times a day between meals and at night.

If it has been brought on by sexual abuses, and the mind full of lewd thoughts, the nervous system irritable, add an ounce of bromide of potass to the above.

Alternate the above prescription with a good tonic before meals. Elixir of calisaya bark and iron already mentioned is very appropriate.

CHRONIC INFLAMMATION OF THE WOMB.

This is a very common affection, and one which, while it exerts a very important influence on the uterine system, is very imperfectly understood, and often passes unnoticed and neglected.

Modern society imposes upon woman certain unhygienic customs that impair the vigor of her con-

stitution, and give rise to a variety of imperfect physical conditions that are extremely liable, sooner or later, to develop an inflammation of the womb. The disease once established, the whole economy suffers; all the vital processes are so much modified that a spontaneous recovery is very rare. Through the medium of the sympathetic nervous system, the morbid influence is propagated to remote organs, causing complications that are often mistaken for the real disease, and as may be supposed when such is the case, the treatment is thus rendered a failure. Indeed, so great is the influence exerted by this organ on all parts of the body, that few patients escape these sympathetic phenomena.

The inflammation may attack any part of the organ, and the symptoms will necessarily vary with its location and severity, and as the disease continues unchecked or without modification by appropriate remedial agencies, it results in changes in its structure and position that occasion a new class of painful and unhappy symptoms.

The causes of this affection are numerous, and may operate directly to cause the trouble, or by indirectly influencing the functional activity of the pelvic organs excite the disease; anything that lowers the vital standard predisposes to it. Among the most fruitful causes I may mention excessive sexuality, masturbation, prevention of conception, improper reading, lascivious thoughts, heated rooms, habitual use of cushioned seats, stimulating diet,

cold at the menstrual period, uncleanliness, constipation, sedentary habits, violent exertion, tight lacing, abortions, improper management at childbirth, piles, inflammation of the bladder, etc.

The most prominent local **symptoms** experienced are pain in the back and loins, inability to stand or walk, pain in the side and region of the bladder, sense of weight and bearing down in the pelvis, sometimes so severe as to occasion the most intense agony. Leucorrhœa is at first light colored, but as the disease progresses to ulceration, it becomes thick, yellow, green, offensive, and often bloody. There is pain at menstruation, derangement of the flow, cramps, sterility and abortion. The inflammation increases the weight of the womb beyond the supporting power of its attachments, consequently displacements occur, occasioning new symptoms and increasing the difficulty. The womb becomes very sensitive to the touch, tender and painful. By pressure upon the rectum it causes constipation, sometimes alternating with diarrhœa, piles, etc. As the disease goes on the nervous system becomes involved, abnormal sensations are experienced in various parts of the body. There is excruciating headache, backache, spinal tenderness, hysteria, numbness, fainting, palpitation, difficulty in breathing, pain under the breast and side, feet and hands cold, skin dry and sallow, the stomach and liver become deranged, the tongue coated, breath offensive, the sufferer becomes feeble, cough

develops, and there may be rapid decline. Sometimes the breasts are affected. There will be perversion of the intellectual faculties, and the victim becomes despondent, nervous, fretful and suspicious.

Sterility is a frequent consequence of the disease. The mucous membrane may undergo ulcerative degeneration, and displacements almost invariably supervene if it continues unchecked for any great length of time.

Much diversity of opinion exists as to the procedure necessary in such cases, and it is really an open question whether *Gynæcology*, as the science of uterine diseases is called, is really a benefit or a damage to the sex. If the treatment was confined to competent practitioners, the question would not admit of debate, even if differences of opinion existed ; but in the hands of the unskillful, as is too often the case, not only is there no benefit obtained from their treatment, but the disease may be aggravated, and perhaps serious complications induced.

It has become **a fashion** for physicians to make a specialty of "diseases of women," and every professional tyro believes it is "his *forte*." He knows such ills are prevalent, that they admit of good fees for "examinations" and "treatment," and that woman has been schooled to the belief that it takes a good while to cure, hence they have unlimited opportunity to prey upon the unfortunate. If the majority of such doctors were submitted to an ex-

amination, they could neither explain the anatomy of the parts, nor diagnose the ailment, much less cure the disease. It is for this reason gynæcology is in danger of losing caste, and opens the door to debate whether the harm done by the unscientific is not infinitely greater than the good the skillful can accomplish.

Local applications are doubtless good in their place, but the indiscriminate employment of caustics and what not, cannot be too severely condemned. When other organs become diseased they are fortunately out of the reach of such torture, and are cured by other and more agreeable means, and many may wonder if the liver and kidneys can be cured by other means, why uterine diseases may not also escape the necessity of local torture. The reader may think this is begging the question, and while I admit it may be so in some cases, the parallel is often but too obvious.

The object of local applications is for the most part to excite healthy action by changing the conditions that exists, and at the same time modify pain and irritability. When caustics are used it is generally with a view to excite an inflammation that will usurp the already existing form of inflammation, and when the artificial inflammation subsides, leave the organ in a healthy condition.

This plan of treatment has had its advocates and opponents, and has been materially modified, so that many among our best practitioners have dis-

carded it. It would be exposing a professional secret to say that the principal need of such treatment is for the physician's benefit.

We can excite a change in the condition of the uterus, relieve its dilated blood vessels, and materially lessen its weight by the application of glycerine, which may be medicated or not, as desired. The glycerine is to be applied on a pledget of cotton, and should be renewed every day or every other day. Take a piece of cotton wool about the size of an egg, saturate it with glycerine, and apply it well up against the neck and mouth of the womb, and allow it to remain. A small string may be attached to the tampon to facilitate its removal, and it will be most conveniently applied with a pair of dressing forceps through an ordinary tubular speculum. Many succeed in applying it themselves without. The cotton should not contain so much glycerine that it can be squeezed out in a stream.

The result of this application will be to excite a profuse watery discharge that will deplete the uterine vessels and induce a change in the circulation, relieving the congestion with all its dragging and disagreeable consequences. When it is removed, thoroughly syringe the parts, removing every particle of morbid secretion, and repeat the application.

In long standing cases when the womb has become enlarged, a little tincture of iodine may be added to the glycerine in the proportion of one

dram to the ounce, and applied in the same manner.

If there is tenderness and pain that does not yield to the use of glycerine alone, laudanum may be added, provided there is no circumstance connected with the patient that prohibits the use of an opiate.

After the **congestion and inflammation** have been reduced by this treatment, it will be necessary to follow up the advantage gained by the use of astringents and tonic applications, which may be applied on cotton in the same manner. The fluid extract of golden seal or, witch hazel, or pinus canadensis may be mixed with glycerine in about equal parts of whichever one is selected and used. As these applications stain the clothing, proper precautions to prevent such a consequence should be taken. Sitz baths may be employed with great good, but in their use it may be necessary to accustom the patient to them. They may be begun warm or tepid and the temperature gradually lowered until in a few days they are employed cold. They should be followed by brisk rubbing to excite vigorous reaction. When, however, they are intended to relieve pain, soreness or excitement they should be used warm or even hot.

The employment of local applications must not, however, be regarded as the *sine qua non*.. We have several medicines about the remedial influence of which, on these parts, there cannot be any doubt, and

their employment must not be over looked. Their combination or alternation with agents that control special symptoms and conditions that are outgrowths of the main disease, must constitute an essential feature of the treatment.

The black, and blue cohosh, the squaw vine, pulsatilla, lady slipper, bromide of potash, etc., may be used singly or in combination, for their influence in diminishing pain, controlling inflammation and relieving reflex-excitability. They overcome the nervousness that almost invariably attends inflammation of the womb.

The following prescription is a good one. Take, of the homeopathic tincture or fluid extract, the tincture being preferred, thus :

Tincture of Pulsatilla,	1 dram.
Tincture of Black Cohosh,	2 drams.
Water or Simple Elixir,	4 ounces.

Mix. Dose — A teaspoonful three or four times a day.

After it has been taken two or three weeks, substitute the following :

Fluid Extract Mitchella Repens,	1 ounce.
Fluid Extract Caulophyllum,	¼ ounce.
Fluid Extract Cypripedium,	½ ounce.
Bromide Potass,	½ ounce.

Simple Elixir, enough to make 4 ounces.

Mix. Take a teaspoonful three or four times a day.

The use of nux vomica given alternately with either the above, on the same day is advisable. To avoid too many medicines it may be given in com-

bination with other remedies if any are being given at the same time. If there is much breaking down of the system in general, it may be combined with iron and quinine in form of a pill or syrup, or where the nervous symptoms predominate with phosphorus, thus :

Tincture Nux Vomica,	1 dram.
Quinine,	30 grains.
Syrup Hypophosphites,	4 ounces.

Dose — A teaspoonful three times a day, just before or after eating.

It is not usually advisable to continue any prescription too long without a change, or the beneficial effect will be lost. For that reason I seldom give large prescriptions except the patient lives at considerable distance, when I give enough to last a month at a time. Special symptoms must always be considered in making prescriptions, and in this disease they are so exceedingly numerous that not a little tact and judgment must be exercised. **Constipation** is a very frequent symptom and one that should not be over looked. Many of the cathartics usually employed increase the determination of blood to the pelvis, and therefore should be avoided in all cases. The nux vomica in many cases will be all that is necessary. When it is insufficient, salines are advisable. Rochelle salts, seidlitz powders, citrate of magnesia or even some of the laxative waters. Common Epsom salts in small doses every morning in some cases do great

good. The following makes a very good aperient and tonic:

Epsom Salts,	2 ounces.
Sulphate of Iron,	¼ ounce.
Cider,	1 pint.

Mix. Dose — A tablespoonful once to three times a day.

The cider relieves the unpleasant taste of the salts. The iron may be left out if the patient is full blooded.

Trouble with the bladder often demands relief temporarily while the real disease is being treated. The smarting and burning, and frequent desire to urinate can usually be relieved by:

Tincture Cantharides,	10 drops.
Water,	4 ounces.

Dose — A teaspoonful every two or three hours.

As soon as relief is obtained it should be omitted. The headache will generally yield when the cause is removed, but during a severe attack thirty grains of bromide of potass may be taken and repeated in two hours if need be. Take it dissolved in water.

The sitz bath is an agent of great value, and should always be employed as an adjunct to other measures. The directions given for its use in this and in a preceding chapter are equally appropriate. A change of habit is beneficial. Indolence must not be tolerated and on the other hand excessive labor should be avoided. Heavy lifting is to be prohibited, as it would be very likely to cause

displacement. Marital relations must be suspended entirely or nearly so, and care must be exercised to avoid any circumstance that could cause any form of sickness, on account of its liability to aggravate the disease being treated.

Perseverance is necessary for success, and as improvement progresses carelessness cannot be indulged. I have seen the slightest indiscretion cause a relapse as severe as the original disease. Occasionally there will be cases so obstinate or complicated as to demand the greatest professional skill, and no general rule can be written that will suit all. I have endeavored in this chapter to avoid advising such measures as would be impracticable, and have necessarily confined myself to the more simple and easily applied forms of treatment, and should any one find the directions inadequate to meet all the contingencies that grow out of so varied and troublesome a disease, I will be pleased to consider the case in its individuality, and render such service or advice as may lead to its cure.

I have purposely omitted a discussion of the varieties of inflammations and their divisions by localization, as such a consideration could only result in confusing the unprofessional. To them the fine distinctions as to whether the inflammation is limited to the mucous membrane of the uterine neck or to the deeper structures, whether these conditions are confined to the neck of this organ or whether they extend to and involve the whole or

only a part of its body, is a matter of no practical value, as the symptoms would not enable them to diagnose or even treat the matter with any material difference ; for this reason they have been omitted, and not because, as some critical individuals may claim, on account of carelessness or indifference.

ULCERATION.

This is a frequent result of inflammation, and presents several varieties, varying from a slight abrasion to a deep seated intractable sore. It may be limited to a superficial ulceration, or erosion of the mucous membrane of the neck or mouth of the womb, or it may extend into the body of the organ and into the deeper tissues. This is one of the great hobbies of the so-called "specialist" and if the patient's financial capability admits, "ulceration" is found. Do not understand me as denying the existence of such a disease, but that it is *not* always present. It is likely to result when the inflammation has continued for a long time unchecked, or been improperly treated. It indicates impairment of vatility, either local or general, or both. The degeneracy of tissue may be local, but cannot exist long without more or less injury to the general health, if, indeed, the general health has not been materially impaired before the ulceration occurs.

The **symptoms** will necessarily differ according as the ulceration is superficial or deep, limited or extensive, and will accord more or less with those

already described under chronic inflammation. There will be leucorrhœa, varying from slight milky, watery or colorless, to thick, tenacious, purulent, green, lumpy or bloody. There will be pelvic and sacral pains, backaches, ovarian irritation, dyspepsia, irregular menstruation, menorrhagia, neuralgia, pains in various parts, irritation of the bladder and rectum, debility and more or less disturbance of the general health. A positive diagnosis without the speculum is impossible, the employment of which reveals the presence or absence of the ulcer and its character. A celebrated writer has said :

> Treatment of uterine ulcer is one of the most important and difficult in the whole range of medical science.

We must be guided by the character and extent of the ulcer, the existing inflammation and the state of the general health. The employment of local measures are necessary. Caustics, stimulants, astringents, etc, must be selected with care. In mild cases carbolic acid applied full strength, nitric acid applied on a pine stick, dipped in the acid and allowed to dry before applying, will generally suffice, but in more deeply seated sores, more vigorous treatment may be necessary — caustic, potash, solid nitrate silver, chromic acid, etc. When applying them the adjacent parts must be carefully protected. It is always best to employ a physician who understands such diseases and who is provided with

proper facilities, and who will necessarily conduct the subsequent treatment. In mild cases fluid extract golden seal, or pinus canadensis may be applied on lint, and changed daily with injections to thoroughly cleanse the parts and then repeat the applications. Healing injections of an infusion of white pond lilly root, golden seal and witch hazel, with chlorate of potash one-half ounce to the quart, are useful and may suffice in the milder cases.

Some physicians apply an iron, devised for the purpose, heated to a white heat. Some apply tincture of iodine, and follow with the glycerine and cotton dressing already described under inflammation. The plans of treatment are as various as physicians are numerous, and as the afflicted are not apt to try it themselves, minute description is not necessary.

Whatever local measures are adopted, the plan is to destroy the ulcer and make a healthy sore, or to so stimulate the tissues in which it is seated as to bring about a healthy action.

As already remarked, we will usually find an impairment of the general health, which must be built up or we cannot hope to succeed. It is impossible for a sore to heal while the blood is impoverished and impure, the fluids of the body perverted and the nervous system morbidly acute. Inculcate thorough hygiene, open air exercise, salt water baths, generous but unstimulating diet, regular

habits, avoidance of fatigue and sexual relations, then take the following:

Fluid Extract Corydalis,	1 ounce.
Fluid Extract Cypripedium,	1 ounce.
Fluid Extract Hydrastis,	1 ounce.
Fluid Nux Vomica,	1 dram.
Simple Elixir,	5 ounces.

Dose.—A teaspoonful before meals three times a day.

This may be advantageously alternated with ten to fifteen drops of dialized iron in water three times a day. Build up the vital forces by every possible means. A condition akin to scrofula obtains in many of these cases, that must be overcome or the ulcer will not heal and there will be danger of developing consumption. At the outset, understand, time and perseverance are necessary. The foregoing are but a few of the many remedies at our command, which come under the general classifications of alteratives and tonics, and are useful in depraved conditions of the system, but as these cases seldom undertake to conduct their own treatment, they are probably sufficient to indicate the character of the treatment needed in a general way.

DISPLACEMENTS.

There are three principal varieties of uterine displacement: Downward (*prolapsus*), backward (*retroversion*), forward (*ante-version*) A slight deviation from the normal position may occur without occasioning any very serious trouble, but as the degree of deviation is increased, the trouble arising from

such displacement is augmented. Displacements to one side may occur but are not so frequent. Two other forms of displacement are met with in which the neck remains in its natural position, and the body is displaced. This of course necessitates a bending of the neck. When the body is tipped backward it is called *retro-flexion*, if forward *ante-flexion.*

Displacements are usually complications, and effects of inflammation, although they may be produced by heavy lifting, or jumping, or falling from a height and striking on the feet.

The nature of the displacement involves the condition of other organs, and the symptoms necessarily depend in a measure, on the character and degree of displacement.

When the displacement is downward, which is the form most frequently observed, there is painful dragging and bearing down, sometimes so severe that it seems as if the whole of the contents of the pelvis would be forced outside of the body, backache, headache, pain in the limbs and perhaps swelling of the feet. The pressure on the rectum causes piles and constipation, difficulty in urinating, etc., a sinking and sense of goneness in the stomach and all the symptoms that accompany the inflammatory troubles already described.

When it is backward, in addition to the symptoms of prolapsus which generally are present, the pain in the back is greater and often extends to the

head, and the pressure on the rectum may be so great as to render an evacuation of the bowels almost impossible. An examination reveals the mouth of the uterus pointing toward or pressing against some part of the bladder, and the body may be felt lying in the hollow of the sacrum. If the case is one of ante-version, the body of the womb presses forward and downward upon the bladder, while the mouth is turned backward in the hollow of the sacrum. The bladder becomes very irritable, and the suffering is often intense.

Usually the symptoms are so plain that a diagnosis can be made from the statement of the patient, but there is a possibility of error. Tumors constitute the principal causes of mistake.

In the flexions, in addition to the foregoing symptoms, the neck of the womb being bent on itself backward or forward as the case may be, is likely to obstruct the canal and become an impediment to the exit of the menstrual discharge on hand, or the ingress of spermatozoa on the other, causing in the first instance, dysmenorrhœa, in the other barrenness.

Take the finger of a glove in your hand up to the middle and allow the hand to fall over and you have a fair idea of the operation of a uterine flexion.

As I have already remarked, these displacements are usually directly or indirectly, caused by inflammation in some form or other. If this pathological

fact is borne in mind it will be of great value in understanding the treatment.

As already stated, **inflammation is the most potent cause of uterine displacement.** Congestion, operating in the same way, is also a fruitful cause. They act as causes by increasing the weight of the uterus beyond the power of its supports to hold it in place. Anything that increases its weight predisposes it to displacement; violent exertion or even long continuance in the erect posture under such circumstances cause it to settle into displacement. When congested or inflammed, jumping, jolting, lifting, straining, dysentery, etc., etc., displace it.

The sufferings caused by it can only be appreciated by those who have experienced it. In some the deviation has been gradually effected and they do not seem to suffer acutely, others are unable to walk or stand. When it has occurred suddenly as a result of a strain, or fall, or lifting a heavy weight, the suffering is often described as acute. Very seldom, however, if ever, does it occur without causing more or less suffering and constitutional disturbance, and when it has once occurred it is very apt to recur.

The inflammation extending to adjacent structures sometimes causes adhesions that securely fasten the organ in its false position and entail lifelong trouble. This one circumstance points out the importance of early efficient treatment.

There are few troubles that assail human beings, the treatment of which have received more attention than this. **Supporters** without number have been devised. When they have been arrayed for examination it would almost seem as if the ingenuity of man had been exhausted. Every conceivable form and shape, from a ball to a horse shoe; from a simple cup to the most complicated receptacle; light and heavy, large and small; some easily adjusted, others that cannot be; indeed, a large majority of them seem to have been built without any regard whatever to the purpose they they were intended to serve. Many of them relieve one pain to cause another. It would take the whole book were I to attempt to describe them. Probably they will always be in demand; almost all physicians use them. Indeed, it is fashionable! No physician wants to show his ignorance by admitting he don't understand one, or know how to apply it. Of course anyone can apply one, even if it *is* adjusted wrong side up!

There is a principle involved in the cure of these troubles that it will be well to remember. The effect of inflammation and congestion is to increase the size and weight of the womb, so that it is disposed to fall from its natural position by its own gravity, when its supports have become weakened. A supporter may elevate it to its natural position, but it does not overcome the increased density nor strengthen the supports. If properly adjusted the

supporter may afford relief, but not cure. At best they are but an auxiliary, and those who rely on them as curatives can but meet with disappointment.

The indications then are to arrest the inflammation, remove the extra weight occasioned by it and strengthen its supports. Were I writing this chapter especially for the profession, I should consider the physiological and pathological conditions involved more at length; as it is, probably it is unnecessary.

We will frequently find cases where the inflammation has subsided and its consequences alone remain; again the inflammation continues. In either case, we must adapt the treatment to the needs of the individual.

Replace the womb, and if there is inflammation proceed as advised under that head, using the cotton tampons properly applied, instead of a supporter. Medicate it if necessary. The cotton will not cause the pain a hard instrument will, while it can be made a medicated appliance to cure the inflammation instead of increasing it, as is sometimes the case with solid supporters.

By adapting the size, shape and position of the cotton supporters, the uterus can be maintained in position.

When the inflammation does not require special medicines for its control, alteratives to overcome

the adventitious deposits that increase its weight are to be administered. Take:

Fluid Extract Corydalis,	1 ounce.
Fluid Extract Ergot,	1 ounce.
Fluid Extract Black Cohosh,	½ ounce.
Nitrate Potash,	½ ounce.

Simple Elixir, to make 8 ounces.

Mix. Give a teaspoonful three times a day.

Overcome the muscular weakness of the uterine supports by tonics, exercise, etc., thus:

Fluid Extract Nux Vomica,	½ dram.
Fluid Extract Golden Seal.	2 drams.

Elixir, to make, 4 ounces.

Dose—A teaspoonful at meals.

The existence of other symptoms that demand attention may require that other agents be added to these prescriptions to fulfill the special indications.

Sitz baths cold, thorough rubbing, are advisable. Exercise that brings the relaxed muscles into play and develop their strength, should be employed; carefully at first, increasing as it will answer.

We must remember that the contents of the abdomen are disposed to press the contents of the pelvis downward and thus interfere with the cure of displacement. Many females of a lax muscular habit are thus affected to a great extent and should be aided by an external band or support, as it will afford relief from many distressing symptoms. They should, however, remove this artificial sup-

port at stated intervals, and take such exercise as will bring the muscles involved into action, and thus develop them. Nearly any treatise on calisthenics will give the information needed on these points.

Any muscle that has its function suspended for any considerable length of time becomes weakened and attenuated; hence, I say, supporters cannot cure their debility, and I wish to avoid them. A great deal of discretion, however, is needed to determine when, and to what extent supports should be used. No absolute rule can be laid down. We must be governed by the circumstances and conditions present.

Tonic and astringent medicaments are required as applications with the cotton tampons, and injections during the time to overcome the relaxation of the pelvic tissues, and the pinus canadensis, the golden seal, witch hazel, etc., may be used as already suggested in the treatment of chronic inflammation, after the inflammatory symptoms have yielded.

Much care will be needed to adjust the tampons properly to secure the greatest benefit from their use. They should be changed daily.

To replace a displaced uterus is not always as easy as may be supposed, and many who have tried it and been disappointed in the success of their efforts will often regard themselves as unequal to the task. If there are no adhesions binding it

firmly in its malposition, it can be easily accomplished.

First remove the weight of the abdominal viscera, take advantage of the law of gravity, secure the aid of atmospheric pressure if needed, and accomplish the rest by manipulation. The first and second steps are accomplished by position Let the patient kneel upon a table or some unyielding surface, lounge, sofa, or even the flour, then bending the body forward until the chest and abdomen lie upon the table, tilt the body slightly to the left so the left side of the face and shoulder are upon the table, the arm thrown behind her, the hips being kept elevated as high as the length of the limbs from the knee to the hip will admit

This position relaxes the abdominal muscles and the contents of the abdomen gravitate toward the chest, entirely removing their previous weight from the pelvis. The contents of the pelvis are now at liberty to gravitate toward the abdomen, and in some cases will do so without any help, resume their natural position. If now an effort is made by manipulation, to replace the uterus, the air fills the vagina and by its pressure crowds the pelvic organs towards the abdomen. In simple prolapsus, or downward displacement, this will usually be sufficient, but if there are adhesions, of course no change will be effected.

Sometimes when the case is one of retroversion,

the uterus is wedged into the hollow of the sacrum so securely that manipulation will be necessary, and the operator will often be surprised to find the uterus suddenly leave his fingers and resume its normal position, even in cases where all previous efforts had been unavailing.

If an unprofessional person cannot effect a replacement by this method there is little use of trying further.

If now a supporter has been selected it should be adjusted at once, otherwise the cotton tampon should be inserted before the woman changes her position, and while the womb is in its natural position, or perhaps a little higher up than natural, after which let her lie down and rest a little while before she makes an attempt to get upon her feet.

In chronic cases there will be a disposition to get out of place, but the woman has it in her power to relieve herself at any time when she finds herself in agony from a sudden displacement, if she will but make endeavor as above described.

This plan may have to be repeated in long standing cases many times, and at the same time there should be a constant endeavor to invigorate the whole system, to renew the supporting power of the attachments so that they can hold the organ in its proper position without the aid of any artificial devices. Instrumental supports seek to hold the organ in its place independent of change in the condition of the organ itself or improvement of its

muscular attachments. They do not cure but substitute.

By the plan I have just described, to the originality of which I make no claim, we seek to make a permanent cure, using mechanical aid only as an adjunct, and to temporarily effect what we endeavor by this and other means to make lasting.

Although I have argued against artificial supporters, (instrumental) I do not wish to be understood that they are useless ; such a position would be extremely ridiculous in the face of their employment by some of the brightest lights of the profession. I am aware that there are cases in which there is nothing left but to use them, and it is certainly better to do so than to have the woman suffer. I, however, wish to avoid them when possible ; I wish to cure instead of simply relieve, and am confident that properly managed cases can be cured by the foregoing plan, in which the artificial treatment has previously failed.

SUB-INVOLUTION.

During gestation, to accommodate the development of the fœtus, the uterus is necessarily increased in size. The walls do not become thicker but more extensive. The return to its former size after delivery is termed involution. If this process is arrested before it is complete the uterus is left in a state termed sub-involution.

The cause of this arrest is generally inflamma-

tion, the degree of which is various. It may or may not be attended with febrile symptoms, the contractions are feeble and inefficient, the muscular wall loses its power to effect the shrinkage necessary. While this condition lasts there is danger from hemorrhage. As time wears on and the acute are succeeded by chronic symptoms, the danger of sudden hemorrhage may subside; but there remains more or less disturbance of the uterine function, liability to displacement, etc.

Women are often heard to say they have never been right since their baby was born. In many of such cases the process of involution has doubtless been arrested before completion. The best time to correct this is when it occurs If the womb remains large, flabby, hemorrhage continues, pain, weight, heat in the lower abdomen and pelvis, it should receive attention.

If the inflammatory symptoms run high, use aconite, or veratrum, or pulsatilla in small and frequently repeated doses, say fifteen drops of either, or each, in a glass two-thirds full of water, and take a teaspoonful every hour or two. Alternate this with:

Fluid Extract Ergot, - - -	½ ounce.
Fluid Extract Black Cohosh, -	¼ ounce.
Water, - - - - - -	2 ounces.

Dose—A teaspoonful every four hours.

After the case has become chronic (and they are met with months or years after the delivery,) a

course of treatment must be instituted to remove adventitious deposits and restore the natural functions of the womb and ovaries, together with such local applications as shall excite a new and more vigorous activity in the absorbents of these parts. Take :

Fluid Extract Corydalis, - -	1 ounce.
Fluid Extract Phytolacca, - -	½ ounce.
Fluid Extract Pipsissewa, - -	½ ounce.
Simple Syrup or Elixir, - -	2 ounces.

Dose — A teaspoonful three or four times a day.

If there is a disposition to hemorrhage or profuse menstruation, substitute an equal quantity of fluid extract of beth root (*trillium*) for the *phytolacca* (poke root.) If there is anemia give tonics, some of the formula already given will answer. Local applications are valuable. Iodine may be used either applied to the womb directly and followed by the glycerine and cotton tampon, or it may be applied mixed in the glycerine as advised in chronic inflammation. An external supporter made to fit evenly and moderately compress the abdomen, will be found useful.

Out door exercise to invigorate, bathing, etc., should be thoroughly carried out.

Usually these cases require great perseverance.

UTERINE TUMORS.

All organized growths that occur within the uterine walls or are attached to any of its surfaces

are properly called tumors. Several varieties exist — polypus. fibrous, fibro-cellular, vesicular, cellular or mucus, vascular and encysted. They are variously distinguished by position and relation to the different parts of the uterus.

Polypi are pendulous growths attached to some portion of the uterine mucous membrane by a narrow neck, varying in density, and causing a variety of smyptoms that depend to a considerable extent upon the seat of their attachment. When located within the cavity of the uterus they are apt to derange menstruation, rendering it profuse, causing dragging, etc.; being out of reach they may not be detected for months and years. The neck may become elongated and the body be expelled outside the uterus, where it hangs till removed by surgical means. They may occur in the canal and obstruct the menstrual flow, causing great pain and making the flow exceedingly profuse. In such position they can cause absolute sterility. They may be attached to the mouth of the uterus within easy reach.

Their only *treatment* is removal by surgical means.

Fibrous tumors are by far the most frequent, difficult to manage and dangerous. They may occupy any part of the uterine substance, but are oftenest found in the posterior wall, and are generally round or oval in shape. The size varies very considerably. Increasing the size and weight of the uterus, they cause displacement.

The great danger is from hemorrhage, which does not by any means bear a definite relation to the size of the tumor. The menstrual function is deranged, sterility is likely to result, or if conception takes place abortion will be very likely to follow.

The diagnosis is not easy. Recurring hemorrhage causes suspicion of their presence, particularly if there be existing displacement. Careful manipulation is necessary, and the use of the sound will be required before a diagnosis is certain. Skill is needed to make certain the existence of the tumor, its location, etc.

There are other forms of morbid growths from the interior of the uterus that give rise to pressure and hemorrhage, the removal of which is necessary to a cure.

The *treatment* of these affections is very difficult. To control hemorrhage is one of the first things to be considered. If we cannot cure we can prolong life. The removal of the tumor is the only way to effect a permanent cure. This is often very troublesome and in some cases impossible. A knowledge of the character, location and attachments of the growth are necessary before we can form an opinion of the success of the treatment or the plan to be pursued.

To arrest the hemorrhage boldness and energy are often required. Give ten grain doses of gallic acid in water, and repeat every half hour ; twenty drops

of the oil of erigeron on sugar repeated every half hour; a strong tea of cinnamon, hemlock and witch hazel barks, given quite freely and often repeated; if the structure of the womb is soft, lax and flabby, teaspoonful doses of the fluid extract of ergot repeated as often as necessary from twenty minutes to four hours, are among the most prompt and convenient remedies. Keep the patient in the recumbent position, in a cool room, allow nothing but cold drinks, lower the head and elevate the pelvis.

Local measures must not be overlooked. **Astringent injections** may be used, fill the vagina with cloths or cotton steeped in some astringent — alum or vinegar if nothing else is at hand. Be thorough, a life may be sacrificed by delay. Apply ice to the pelvis. A gum-elastic air bag, if at hand, may be introduced and inflated, completely plugging the passage, and preventing the escape of the blood. Some of these means can always be employed while waiting for remedies administered internally to take effect.

Various plans have been advocated for the removal of those growths. If it is polypoid and in reach its removal may be effected by grasping with forceps and twisting its neck from its attachment and dressing with astringents.

If the growth is of a mushroom character, growing from the mucous membrane, in which case bits like "proud flesh" may be expelled occasionally, the

womb must be dilated and removal effected by instruments adapted to the purpose.

Fibroid and other tumors require **surgical treatment.** Caustics to cause their separation by sloughs have been successful. Electrolysis has been successful in some cases. The injection of Iodine and other substances into the tumor with an instrument invented for this special purpose has been employed of late years. Various other means have been resorted to, but as all forms of them are attended with great difficulty and require patience and skill, I need not detail their *modus operandi* here, as it is not expected their removal will be attempted by other than competent physicians.

Such various means as have already been recommended to build up and strengthen, are always in order, among which acids are most appropriate as they counteract the hemorrhagic tendency to some extent.

CANCER.

A consideration of this disease is of too much gravity to enter into a work intended for public guidance. The disease must be dealt with promptly and thoroughly if at all, and no one should tamper with it unless qualified by clinical experience, and armed with the necessary means, to carry out whatever proceedure is determined upon.

A consideration of the symptoms may, however, be appropriate, as they may induce some of the

afflicted to seek proper relief before it is too late.

Discharges, pain and fetor, are the symptoms that most generally attract attention; and when these three are present the case is most generally an advanced one. The pain is characteristic, lancinating, darting, twinging. The discharge consists of blood, limpid serum, minute sloughs. The blood and serum do not cause the fetor; it is the disintegration of the sloughs — cancer cells. In women who are still menstruating the first discharge is the blood, then an increase of the menstrual flow, then blood between times — all from the mucus membrane of the uterus.

Later, however, when the hemorrhage is constant and is attended with fetor, it is effused from the eroded vessels upon the ulcerated surface — in the one case the result of turgescence, in the other disentegration of tissue. Limpid, inoffensive serum, is almost always observed, after the menstrual period, in women about the change of life, and very gradually this transparent liquid becomes colored with blood; after a while it becomes fetid, etc.

Lancinating pain, sero-sanguineous discharge, peculiar fetor, persistently continuing for days and weeks, are distinctive of cancer. With these we have the peculiar constitutional condition known as the cancerous *diathesis*. Cancerous anæmia, with the straw-colored translucency of the skin, known as the cancerous cachexia, constitutional carci-

noma, with the impairment and failure of function in a long struggle with pain, loss of blood, anxiety and inaction, together with debility, indigestion, palpitation, restlessness, neuralgia, constipation in the early stages and colliquative diarrhœa in the latter, apthæ, night sweats, wandering of the mind, together with pain and exhausting discharges, are the destroying agencies.

As already stated, I will not advise as to treatment. I know of no specifics or anything approaching to them, but do what you may, I beg of you to steer clear of cancer quacks and incompetent physicians.

CHANGE OF LIFE.

After years of menstrual activity the woman undergoes another change and she ceases to menstruate. The age at which this occurs varies greatly. Forty-five is considered the average, but numerous cases occur in which it is continued for several years later. **The cessation of this function** is often attended with phenomena that demand attention, and while it often terminates the existence of previous illness, it may also be the commencement of various afflictions.

In some parts of the country there is a sort of proverb that women who have previously been weakly become healthy and robust, while those who had before been healthy and strong now become sickly. While in some the climateric change does not occasion any symptoms requiring attention, in

others serious consequences develop that tax the skill and tact of the physician. Too often these phenomena are passed without attention or the symptoms are referred to as the "turn of life" and the woman told she must wait until this period has passed before she can expect to be better. Not only does this refer to the sympathetic phenomena arising from the arrest of a physiological function, but to pathological conditions that develop independently of it.

The suffering endured at this time is too often regarded as a sort of necessary affliction and is passed as a "must be," while the truth is, nothing is farther from right, for the more attention we give to the modification of symptoms, the arrest of disease and the preservation of the health at this time, the greater will be the chances for the enjoyment of perfect health afterwards.

From fifteen to forty-five, sooner or later, according to the peculiar vivacity and vital stamina of the patient, she has menstruated regularly, and now the germ production has gone forever. There is no longer the monthly periods; the ovaries have ceased to produce germs; but, though this has happened, the affections of the soul have but matured; her power to love remains in full force and ardor, and also the desire and capacity for sexual enjoyment. Some women continue beautiful and attractive until they are seventy. The cessation of the menses at this period is a wise provision of nature, for, if women went on producing offspring till a ripe old age, the result would be a puny race. The generative power disappears as she passes the period of maturity, and women who have borne children have a compensation for their privations and cares.—*Buchanan.*

This period is ushered in in various ways. Men-

struation seldom ceases all at once unless some accident occurs by which it is arrested. It usually becomes more or less irregular. It may recur too frequently, or it may be delayed several weeks or even months, and then return too profusely—perhaps be regular a few times and then cease altogether. There is usually lassitude, debility, headache, nervousness, aching in the back and limbs, flashes of heat, deranged secretions, dyspepsia, etc.

Temperament modifies symptoms materially, but the flashes of heat are present in nearly all cases. Plethora or anemia develops. The blood itself, no doubt, undergoes some change, a host of symptoms are present. She becomes fanciful, even hysterical; she imagines everything ails her, and this morbid imagination often leads to her neglect. That class of symptoms termed "nervous" prevails, producing an endless variety of phenomena, distressing to the patient and annoying to her family. Mental aberation often occurs. The patient suffers both mentally and physically.

The *treatment* for obvious reasons must be considerably varied. A wide range of conditions may be developed each of which may require to be met and subdued. Whatever function is deranged, whatever organ suffers, should receive attention. The hygenic measures already advised for various ills will contribute more or less to the establishment of a healthful condition.

Plethoric women suffer from rush of blood to the head, vertigo and frequent attacks of hemorrhage. They make blood too fast. They need spare diet, exercise and if the bowels are sluggish saline cathartics, they bear purges well; then if the circulation is excited give veratrum, a drop of the fluid extract in water every hour or two. Such cases generally derive much benefit from bromide of potash in infusion of squaw vine; ten grains of the bromide in an ounce of the infusion three or four times a day is good treatment.

If anemia prevails the blood gets impoverished, is thin and watery, is not manufactured fast enough to supply the waste, there will be headache, etc., etc, we must give tonics and nervines, and avoid excitement. An infusion of the squaw vine and ladies' slipper in tablespoonful doses three or four times a day is excellent; alternate with the muriated tincture of iron ten drops in a tablespoonful of syrup three times a day.

If the bowels are irregular the remedies already mentioned may be employed.

Displacements are often annoying with all the rest.

The kidneys and skin must be kept active.

The infusion of squaw vine probably fills as many or more indications than any other remedy and suits nearly all cases. It may be used alone or combined with other agencies such as the cohosh, lady slipper or senecio. The range of probabilities

being so great, and complications so numerous, my space will only admit of generalizing the treatment. Should cases arise that do not yield to these remedies I will advise more specifically. Yet if these directions are followed such necessity will seldom occur.

UTERINE STRICTURE.

As a result of inflammatory disease, non-development or the improper use of caustic applications, the canal leading to the cavity of the uterus is sometimes narrowed to such an extent that it may cause the most terrible dysmenorrhœa on the one hand, or absolute sterility on the other; the passage being too small to allow the *exit* of the menstrual discharge, or *admit* the sperm cells.

The consequences of this condition have already been alluded to in the consideration of sterility and mechanical dysmenorrhœa, and operate by closing the canal, though differently from flexion and polypi. The symptoms are very similar to those troubles, but can only be determined from them by a careful exploration.

The treatment consists in dilating the passage with bougies, tents, etc., or in an operation dividing the stricture.

Dilatation usually succeeds temporarily, but is not apt to give permanent results, owing to the disposition of the stricture to contract again. Division when skillfully performed is more permanent. The operation is effected with instruments

for the purpose, but requires great care after its performance to render it successful. If the incised surfaces are allowed to come in contact they are very apt to unite and render the trouble worse than before. The operation itself is accompanied with little danger, but must be attended to daily for some time or failure results. It should never be undertaken by anyone other than a qualified physician provided with all the necessary facilities for effectually executing all the various steps of the operation and the subsequent treatment.

VAGINISMUS.

Professor Sims applied this name to a spasmodic sensitiveness of the vagina. It occasions in many cases the most intense agony when anything is brought in contact with it. The existence of such an impediment to the consummation of marriage often gives rise, and many times unjustly, to domestic unhappiness, jealousy, divorce or suicide. There is nothing more certain than that the woman afflicted with it suffers exceedingly. It may exist in the unmarried or be developed after marriage. It is usually due to inflammation of the vagina, or to sexual debauchery. Tilt says :

> I have seldom known this state to exist except as a symptom of vaginitis or of chronic metritis; and, like Scanzoni, by treating these complaints I have been able to cure spasmodic stricture of the vagina. There is no doubt in my mind, that in some of these cases the man is more at fault than his mate.

A complete discussion of the subject, however, is

scarcely appropriate in a work of this kind. I will, however, on application by the afflicted, explain the matter more fully and advise as the case presenting may demand.

Tilt, Sims, Hood and many others have resorted to forcible instrumental dilatation to overcome the trouble, applying it under anesthesia.

The first step seems to be to ascertain if there be inflammation present and if so, cure it, when the morbid sensitiveness will usually yield. There is no need of the suffering experienced from such cases, for it will yield to proper treatment; but for the reasons mentioned above I will refrain from farther discussion of the subject.

THE OVARIES.

Situated in the cavity of the pelvis, at either side of the uterus, communicating with it through the fallopian tubes, are two small organs, analogous to the *testis* in the male, called the ovaries. In them the germ cells are developed and when matured are passed through the fallopian tubes to the uterus and unless arrested there are expelled. The completion of this process occasions the phenomena of menstruation. If, however, the sperm cells of the male come in contact with the germ cell under favorable circumstances during some part of the passage from the ovary to the womb conception occurs.

It is truly wonderful the influence these little organs exert upon the life and happinesss of woman.

An author in endeavoring to illustrate their importance has said:

> It would seem as if the Almighty had taken two ovaries and built up a human being around them.

These organs are liable to congestion, inflammation, neuralgia, enlargement, displacement, or may be the seat of tumors that grow to enormous size. They are influenced by colds, self-abuse, sexual excesses, uterine disease and displacements.

Either as a cause or effect, the ovaries in women who suffer from derangement of menstruation become swollen, painful and tender. They can often be felt when swollen, except the women be fleshy, through the walls of the abdomen, inside and just below the points of the hips.

The congestion often gives rise to the most intense pain, not unfrequently causing spasms, hysterical phenomena, etc. Menstruation may be deranged and is apt to be profuse, the sufferer becomes weak, anemic, nervous, fretful. Sexual debauchery predisposes to these troubles, and is often the cause of the most intense neuralgia. Women of nervous temperament are most subject to these affections. I have seen the most troublesome menstrual disorders occasioned by congested ovaries; the menses were profuse and recurred every two weeks, resisting all treatment until the cause was discovered and treatment addressed to its removal.

Usually one ovary is affected though both may be. The congestion may persist for a long time, being worse just before menstruation, disappearing after the flow has well begun, to reappear again at the next period. The location of the pain and soreness will usually be sufficient to indicate the trouble.

Begin a week before the expected trouble and take a teaspoonful three times a day of the following:

Tincture Belladonna,	5 drops.
Water,	4 ounces.

Mix. At the period it may be taken every two hours.

In the interval measures to improve the general health and the avoidance of all sexual excitement; sitz baths, outdoor exercise and the following:

Bromide of Ammonia,	4 drams.
Quinine,	30 grains.
Tincture Cinchona Compound,	1 ounce.
Syrup of Orange,	3 ounces.

Dose—A teaspoonful three times a day.

In **inflammation of the ovaries** there will be fever ushered in with chills, pain in the ovarian region extending over the whole abdomen, quick pulse, restlessness and general symptoms of inflammation.

Apply mustard, followed by hot applications to the abdomen, and hot foot baths. Then give:

Tincture of Aconite,	10 drops.
Tincture of Gelseminum,	30 drops.
Water,	4 ounces.

Mix. Dose—A teaspoonful every two or three hours.

If it occurs at the time when menstruation should appear, let an infusion of *serpentaria*, or Virginia snake root as it is generally called, be drank. It will usually cause sweating. It may be combined with motherwort in a small quantity At the same time alternate the fever mixture above mentioned with drop doses of pulsatilla every two hours.

Do not give cathartics or forcing medicines, until the inflammation has subsided.

A consideration of *ovarian tumors* in a work of this kind could be of no use to the general reader, and will be omitted. I need scarcely remark that diseases of the ovaries are not yet thoroughly understood, but attention having been drawn to them by a few noted physicians, doubtless the time is not far distant when a definite knowledge of the changes they undergo during life, will enable the profession to cure diseases that now resist their attempts.

THE BREASTS.

Next to facial beauty does woman pride herself on a proper development of her breasts. If too large or too small, they render her figure imperfect and materially impair her attractiveness.

Not only is perfection here essential to beauty and happiness, but it is also necessary for the perfect performance of that function to which all true women aspire — maternity.

But, alas! these organs so doubly essential to the health, happiness and usefulness of women, are

prone to disease. **They may be arrested in their development,** or after having been developed, they may undergo retrograde metamorphosis and become shrunken, shrivelled, unsightly; development may proceed so far that they become too large and burdensome. They are often the seat of tumors, cancers, etc. Again they are liable to inflammation and abscesses.

Any departure from a natural size and firmness constitutes a disease, and may as appropriately be regarded so and subjected to proper treatment as any other organs, that more intimately influence the processes of life.

The breasts are properly to be considered as a part of the reproductive system, and menstrual and uterine diseases are often manifested by diseases of the breasts. In fact uterine disease is, in a large proportion of cases, manifested by wasting of the breasts.

During lactation (nursing) they are extremely **liable to inflammation,** and if this is not promptly arrested, abscess results. Cold, blows, or irregularity of having the milk ducts emptied, are the most frequent causes. It usually begins with chills and fever, darting and shooting pains, tenderness, hardness, and as the swelling increases it becomes a dusky red color. Throbbing is a prominent symptom as the abscess is forming.

Treatment should be begun early. Apply oil of peppermint, and if the breast is large, and its own

weight causes pain, support it by a well adjusted bandage. The following is also excellent as an application :

Tincture of Belladonna,	1 ounce.
Tincture of Camphor,	1 ounce.
Essence of Peppermint,	1 ounce.

Mix. Apply three or four times a day.

Internally give :

Tincture of Aconite,	10 drops.
Tincture or Fluid Ext. Poke Root,	30 drops.
Water,	4 ounces

Dose — A teaspoonful every hour or two.

If this does not act promptly, or is begun too late an abcess is likely to form. When such is the case, it should be opened as soon as fluctuation can be detected. Don't open it too early, nor delay too long. If too early, it is apt to develop erysipelas; if delayed, unnecessary suffering occurs. Usually there is little danger to life from mammary abscess, but the suffering a woman endures may make a serious impression on her health. My mother was laid in an untimely grave by an abscess of the breast.

After the **abscess** has been opened, it should be dressed with warm poultices, of which slippery elm is the best, or patent lint to absorb the discharge. Measures to support the general health should be looked after ; tonics if need be. If the health has been badly affected, it may be advisable not to per-

mit the child even to nurse from the sound breast, lest the two drains be more than the mother's constitution will bear.

Atrophy, or non-development of the breasts, like other diseases, admits of a cure, and women whose forms are imperfect and who habitually resort to artificial means, can have the defect overcome by a proper course of treatment. The cause must be considered, and the relation of the wasting to the other diseases must be studied, and such treatment devised as shall bring about the most perfect state of the general health, then remedies to increase the nutrition and cell development locally, will succeed in all cases.

The matter has received much attention during the past few years, and several remedies found to exert an efficient curative influence over this condition. I will, however, omit explaining them, because were I to do so it would open a field for quacks to operate in, who would take advantage of woman's desires to be attractive, and flood the country with nostrums that would necessarily disappoint as many or more than were gratified. There are no specifics. We must consider conditions present and apply the remedies in accordance with those physiological and therapeutic laws that govern scientific treatment in other diseases.

The strong disposition of cancerous disease to locate in the female breast, necessarily causes alarm at the discovery of any bunch or tumor in this

locality. The diagnosis is not easy except when the disease is well advanced, and physicians often find it difficult to distinguish between benign and malignant tumors. A few points, therefore, may not be amiss The form of cancer found here is generally very hard, and is frequently called stone cancer in common parlance, while in professional language it is *Scirrhus.* It is very hard, knotty to the feel, there is darting, gnawing, lancinating pain, and when well advanced becomes immovable, the surface discolored, the nipple drawn backward into the mass, the glands in the armpit enlarge, and the whole complexion gradually develops that peculiar waxy, sallow hue known as the cancerous cachexy. On the other hand, benign tumors do not present these characters, but may become much larger than a real cancer.

The treatment is surgical — extirpation. While there need be no undue haste, the matter is one that is not to be neglected until the whole system is impregnated with cancer cells. If there is no pain or soreness, take time and do not be scared into doing what will do no good. If it presents the characteristics of cancer, early removal is advisable.

The consideration of cancer, however, is not within the intention of this work, and though my space has necessitated the curtailment of many subjects, it is the earnest hope of the author that the hints expressed will point many who are in search of health to the recovery of that desirable boon.

CHAPTER XIII.

DISEASES OF CHILDREN.

Mortality—Gradation of Doses—General Signs—The Countenance—Attitude and Gesture—The Cry—The Discharges—The Circulation—The Temperature—Odors—The Tongue, Excoriations and Ulcers—Vomiting—Convulsions—Apthæ—Colds—Influenza—Croup—Pneumonia—Chronic Pneumonia—Consumption—Asthma—Whooping Cough—Mumps—Sore Throat—Quinsey—Diphtheria—Cerebro-Spinal Meningitis—Small Pox—Chicken Pox—Measles—Scarlet Fever—Erysipelas—Diarrhœa—Dysentery—Acute Intestinal Catarrh—Cholera Morbus—Cholera Infantum—Ephemeral Fever—Worms.

Children are subject to various disorders, the liability to at least some of which diminishes as they advance in age. It is estimated that fully one-fourth of all the children born, die before reaching their seventh year.

To know what to do before the arrival of the family physician, or in his absence, is often of very great advantage, and the writer hopes his suggestions may be of practical value to the anxious parent, and an aid to the physician in the performance of his many duties.

As the unprofessional reader will derive little or no benefit from pathological considerations, I shall omit them almost entirely, and, instead of pursuing

the usual arrangement of diseases by groups and classifying them according to their pathology, I shall consider them in a manner that seems to me to be of the greatest convenience to the reader, endeavoring to render the subject as intelligible and practical as brevity will permit.

Unless otherwise specified, the doses advised in this chapter will be for children from one to four or five years of age, and should be increased for those older, adding about half as much more for children between five and ten, double from ten to fifteen, and treble for adults. This plan will be rather more convenient than the old one of graduating the dose by years from one to twenty-one, particularly as I do not intend to prescribe remedies in such a manner as to endanger life by the difference of a fraction of a dose.

It requires not a little tact and discrimination to properly investigate the disorders of childhood particularly among very young children. We are compelled to depend upon signs almost entirely. These should be well understood by the mother or nurse, for the attending physician must derive his information largely from those who are constantly present, and as many of these signs only appear at intervals, a habit of observation should be acquired that every sign may be noted at its occurrence.

GENERAL SIGNS.

Among the sources from which information may be obtained in children who can not convey a

knowledge of their condition by speech, are the countenance, gestures, attitude, breathing, circulation, sleep, cry, discharges, skin, temperature, odors, the tongue, aggravations, etc. We are to make use of our senses, see, hear, feel, and even smell! Some diseases generally appear at certain seasons of the year. The prevalence of epidemics should put us on our guard.

The **expression of the countenance** varies with the stages of the disease, as well as in different diseases. In affections of the *brain* and *nervous system* the forehead is contracted and heavy, the brows knit, the eyes vacant, expressionless, or wild, staring, fixed, sometimes squinting, bloodshot, half open, dropping of the lids, the pupils contracted in the early stages of the disease, and dilated later on; the face is generally hot and flushed, spasmodic drawing of the features in twinges of pain. Sometimes the upper lip will be drawn tightly over the teeth and perhaps be almost livid.

In *diseases of the liver*, the skin and eyes become yellow, and sodden.

In *worms*, and *intestinal irritation* from other causes, the nose and upper lip are apt to be swollen, the white of the eyes of a pearly cast, a sharp white circle around the mouth, and if fever is present the rest of the face flushed.

In *bowel diseases* the cheeks are sallow, sunken, mouth compressed and the lips drawn, dry, dark, parched, and as the disease progresses, anxiety,

emaciation, the chin prominent, the eyes sunken and hollow; if not stupid, the whole features sharp; as exhaustion comes on the face is alternately flushed and pale, hot and cold; and in the latter stages the face is glistening, pale, cold, eyes sunken, half closed, lips parched and the features pinched.

In *diseases of the respiratory organs* as pneumonia, bronchitis, etc, the face is flushed, dusky red, nostrils working, dilating with each inspiration, and contracting with each expiration, the brows knit, lips livid, sharp dark circle around the mouth, and in advanced cases, emaciation, etc.

In *measles* the whites of the eyes are red, the eyes watery, overflowing, squinting, avoidance of light, the lids swollen, and the general appearance as if crying.

In *scarlet fever* the eyes are often red and watery, but never overflow, and give the appearance of crying, as in measles, and the intolerance of light is not so marked.

In *chronic diseases* the face pales and flushes at intervals, the eyes sunken, and pupils dilated, with circles beneath, the whites muddy, the cheeks hollow, particularly in diseases of the nutritive organs, sunken, complexion sallow. In diseases of the lungs, the cheeks are sunken, emaciated, pale with a circumscribed redness, the eyes often unusually bright.

The **attitude and gestures** aid in indicating the location and character of the disease. Early there will be inattention to surrounding objects,

languor, or restlessness. In *inflammatory diseases* of the chest and abdomen motion will be avoided as much as possible, the position on the back with the knees bent and drawn up, sharp cries as there is sudden twinges of pain. As a rule the pain of inflammation causes the child to lay very still. *Spasmodic* pain causes the child to start in terror and writhe and twist about as the muscles are caused to suddenly contract. In *convulsions* the head is thrown backward, the eyes roll upward, the hands clenched, an arm becomes rigid, a leg drawn upward, the toes are drawn downward, the thumbs drawn into the palms of the hands, the child starts or screams, or perhaps becomes unconscious, the breathing is spasmodic, perhaps frothing at the mouth, gnashing or grinding the teeth.

In *inflammation of the brain* or its membranes the head is rolled from side to side as the child lies on its pillow, the hands make sundry motions in different directions, and are frequently raised to the head, clutching at the hair or cap as if endeavoring to tear them away.

In *diseases of the mouth, teething, etc.*, it works at the mouth, bites, throws itself, rubs the gums, etc., and may have convulsions.

In *croup* and other suffocating diseases the hands clutch at the throat press it from side to side; the child struggles to maintain the upright position, with the head thrown back to favor the entrance of air into the lungs.

The cry is indicative of displeasure, uneasiness, or pain In affections of the *lungs* it is a sort of a groan. In *croup* it is a hoarse, peculiar, metallic or crowing sound In acute diseases of the *brain* it is one single, sharp, powerful cry at distinct intervals. In diseases of the *bowels* it is a low moaning sound. Shedding tears during a sickness is regarded as a favorable sign.

The discharges should always be noted. They may be scanty, excessive or perverted. When there is *vomiting*, it should be noted to see if it is sour, thick, watery, clear, opake, yellow or green, or if it contains food. Improper food is often got rid of by vomiting, or passing onward into the bowels it creates colic or diarrhœa. Diseases of the stomach are often characterized by vomiting, when it may contain the undigested food, mixed with other matters. Yellow or greenish discharges indicate the presence of bile. Vomiting is nature's provision for the removal of an excessive amount of food in infancy. In cholera infantum the vomiting is persistent, watery, and mixed with the food. It is one of the first symptoms of some eruptive fevers, and often terminates a paroxysm of whooping cough. Diseases of the brain, and injuries to the head may cause vomiting.

The stools if frothy, sour or green, indicate derangements of digestion, and are generally attended with griping. Slimy stools are usually present during teething, and when worms are causing trouble.

Blood and mucus indicate dysentery. Thin, offensive stools, varying in color from light to dark, are the principal characteristics of diarrhœa, and clay colored discharges indicate deficient action of the liver. The frequency of the stools should be observed for even though they present no unnatural appearance, if too frequent they indicate defective appropriation of nourishment and are apt to contain undigested food.

The urine is scanty, highly colored, has a strong odor, and is generally loaded with a bran like sediment in fevers, inflammations and rheumatism. The quantity, color and smell may be ascertained by observing the diapers of children too small to use a urinal. In diabetes it is clear and profuse. In nervous disorders it is apt to be profuse, and on standing deposits a dirty whitish sediment, and soon becomes offensive. In diseases of the bladder, it will be passed often and but little at a time. In affections of the liver it will have a yellowish or saffron color.

The circulation in infancy is more variable than in adults, the pulse more rapid, and easily influenced, and is not as reliable as a diagnostic means in infants as in grown persons.

The skin and its temperature are influenced by disease. It is hot and dry in fevers and inflammations; cool and moist in constitutional weakness. Profuse sweating with cold clammy skin indicates debility. A doughy, inelastic skin is apt to be present in tubercular or scrofulous affections. It is

yellow in jaundice, sallow and sodden in diseases of nutrition. A bluish tint points to structural disease of the heart. It is red in fevers and eruptions, purplish or livid when the blood is imperfectly oxygenated, and dry and harsh in diabetes, and Bright's disease.

The temperature has of late years become an important aid to diagnosis, and furnishes moderately reliable indications of the probable result. In health it is about 98½° Fahr. and any persistent or considerable deviation from this standard denotes disease, and the greater the rise the greater the danger. The temperature can only be determined by a thermometer designed for the purpose. As it sinks below the natural standard, during the progress of a disease it indicates danger of collapse, though in diabetes it is usually one or two degrees lower than in health. It rises in fevers and inflammatory diseases, and if the rise is persistent shows there is severe illness and danger. When it rises to, or above 106° recovery is rare, unless the rise is only temporary.

Odors are not easily described but a knowledge of them serves a very useful purpose. In measles or small pox, there is a peculiar smell that once observed will seldom be forgotten. In lung diseases a yeast like odor is often present. In stomach and liver diseases the breath is sometimes very offensive. A peculiar smell accompanies fevers. In rheumatism the perspiration is usually sour. When the

stools have a sickening, cadaverous odor during any disease it indicates danger. Urine during protracted fevers, inflammations, etc., may have an ammoniacal odor, and indicates danger.

The tongue furnishes the intelligent practitioner with a vast amount of information. In health the mouth is moist and pale, the tongue moist, pale, and partially covered with whitish mucus. When loaded with whitish curdy matter there is generally disturbance of digestion. A dry tongue is common in most febrile diseases. If it becomes moist after having been dry and furred it is favorable. It is fissured in typhoid fever. Redness and dryness is present in inflammatory diseases of the alimentary canal; in the eruptive fevers it is very red; it also indicates acute indigestion. A heavy fur shows disease of mucus membranes; and if yellow, disease of the liver; and a brown or black fur, a low state of the vital forces, and if dry, danger. A large, pale, flabby, tongue indicates debility and tardy retrograde metamorphosis. A heavily coated, moist tongue indicates derangement of the secretions without inflammation. Redness of the tip and edges of the tongue indicates irritation of the stomach or upper part of the intestines. Gradual clearing of the tongue during disease indicates a tendency to to recovery. If the tongue becomes browner, drier, dirtier each day, and the nervous system more feeble, the hope of recovery fades. When the fur comes off

suddenly or separates in patches, leaving a glossy surface beneath, it is unfavorable.

Although the foregoing indications are not as complete as if this work was intended mainly for the guidance of physicians, and admit of many exceptions, they furnish many valuable guides to the recognition and location of diseases — an outline to diagnosis — as will be observed in the consideration of the following diseases.

EXCORIATIONS AND ULCERATIONS.

Without the greatest attention to cleanliness children are apt to get chafed behind the ears, in the wrinkles of the neck and groin, and about the arms. This causes the child untold suffering, and unless it receives proper attention is apt to degenerate into more or less extensive ulcerations.

Treatment.—The prompt removal of discharges and carefully washing and drying the child will go far towards obviating this trouble, yet in fleshy children, this alone may not be sufficient, and additional means will be required. Bathe the irritated parts with warm milk and water, rejecting the common coarse soaps of commerce, and after drying carefully with a soft cloth, sprinkle with powdered starch, and lay into the folds of the skin a bit of scorched linen rag. Dusting the parts with powdered lycopodium, which can be got at any drug store, is also an excellent means of preventing serious ulcerations, giving almost instant relief in chafes. When the trouble is persistent, bathing

the raw surfaces with an infusion of golden seal is a very reliable remedy. The strength of the infusion should be a teaspoonful of the powdered root in half a pint of water; after standing a few hours, strain. To this we may add a little borax, or in some cases 10 grains of sulphate of zinc will do better.

In children of a scrofulous habit there is a disposition in such cases to form extensive sores, and attention to the child's general health becomes necessary. We must see that it receives proper nourishment and then give some alterative as:

Compound Syrup of Stillingia,	4 ounces.
Fluid Extract of Bayberry,	½ ounce.

Dose — One-fourth to one-half teaspoonful three times a day. At the same time continuing the lotion of golden seal and zinc.

If this does not cure, in a reasonable time, it might be well to substitute Peruvian bark for the golden seal and prepare and use it in the same manner.

VOMITING.

Vomiting is often caused by over feeding, and is one of nature's methods of disposing of surplus food. When it results from this cause careful moderation of the quantity of food will generally be all that is required.

For the most part vomiting is *symptomatic* of other diseases, though it may exist as a disease itself.

When it occurs in dyspepia the food is usually undigested, in a state of fermentation, and the bowels deranged. In such cases the bowels require some laxative, or we may put five drops of the fluid extract of nux vomica in a glass of water and give a teaspoonful every three or four hours. It exerts an excellent influence in many cases of chronic constipation in children and adults. In connection with this give two grains of pepsin and a half a grain of sub-nitrate of bismuth either just before or after the meal.

Ordinarily, five drops of the tincture of ipecac, in a glass of water given in teaspoonful doses every hour or two will control vomiting, particularly if associated with a looseness of the bowels.

If the tongue has a yellow coating or there is a yellowness around the mouth, alternate the ipecac with the nux vomica, prepared as for dyspeptic vomiting.

If the vomited matter is sour, dissolve a teaspoonful of bicarbonate of soda in a glass of water and give in sips every half hour till the acidity is corrected, continuing the nux vomica.

A plaster composed of allspice, cloves, and cinnamon, or ginger and Peruvian bark, applied over the stomach is an excellent auxiliary means but is not to be left on too long on account of the irritation of the skin it may cause.

When vomiting occurs as a symptom of some other disease, the treatment recommended for that

will be most appropriate, though the temperary use of the means just considered may become necessary.

CONVULSIONS.

Spasms or fits, as convulsions are often called, may arise from a variety of causes. They may be symptomatic of disease of the brain or nervous system, but as generally met with in children they are caused by irritation reflected to the brain from different parts of the body. In this way they are caused by the presence of worms in the intestinal tract, by indigestible food, acidity of the stomach, flatulence, retention of urine, surface irritation, the striking in of some eruption, etc. The eruptive fevers often commence with a convulsion. The younger and more irritable the child, particularly if of a highly nervous temperament or scrofulous constitution, the greater its liability to fits from intestinal irritation. Convulsions are always to be regarded with apprehension.

The **symptoms** vary in duration and severity, lasting from a few minutes to several hours, and the attack may be repeated at indefinite intervals. There is sudden and involuntary jerking of the extremities, twitching of the muscles of the face grating the teeth, rolling the eyes, perhaps frothing at the mouth, the thumbs drawn into the palms of the hands, and the hands clenched, and the toes drawn downward. The pulse may be accelerated, and irregular, small, or hard, and the face flushed.

The contents of the bowels or bladder may be expelled, and consciousness may be wholly or partially lost. The premonitory symptoms, twitching of the face, grinding of the teeth, without actual convulsions are often denominated *inward fits.*

In the **treatment** we must be governed by the cause as far as possible. If the premonitory symptoms are noticed, or if the child can swallow, give a few spoonfuls of salt and water. It is always at hand, and is an excellent remedy. It may be given freely, for it will only cause vomiting if more than is necessary be taken, and this is often desirable. Put the feet in hot mustard water, and if the head is hot and the face flushed, apply cloths wet in cold water to the head.

The inhalation of a few drops of chloroform or ether, from a napkin held near the nose, almost always affords relief.

When the convulsions are caused by the *irritation from teething* and the gums are hot and swollen, lance or scarify them freely, and give a teaspoonful of the following every hour:

*Tincture of Gelseminum,	½ dram.
Bromide of Potassium,	1 dram.
Water,	2 ounces.

Discontinue it when the fit is broken, or continue it in smaller doses every three or four hours.

When due to *worms* give the salt and water already mentioned, pumpkin seed tea, or 10 drops

*Ten drops of the fluid extract of gelseminum may be substituted for half a dram of the tincture, if the tincture is not at hand.

of turpentine in a teaspoonful of castor oil, increasing the dose for a child over three years old. Follow this with the treatment laid down under the head of worms, which see.

If the fit is caused by *irritation of the stomach or bowels* from indigestible food, give an emetic of ipecac or lobelia, 10 or 15 drops in warm water and repeated every 15 minutes till free vomiting ensues. One half a teaspoonful of ground mustard in a cup of warm water given part at a time is a very prompt emetic and almost invariably at hand. Follow the emetic with a dose of castor oil to move the bowels, or the neutralizing mixture, mentioned in the latter part of this book.

If the stomach is sour give the neutralizing mixture, or if not at hand put a teaspoonful of bicarbonate of soda, or saleratus in a gill of water and give it in tablespoonful doses every 10 or 15 minutes. Attention to the bowels is necessary, and as the neutralizing mixture accomplishes both purposes it is preferable.

A highly sensitive condition of the *nervous system* predisposes to fits, and the gelseminum and bromide of potash, already mentioned, will be found an excellent remedy to modify this condition and thus prevent the fits, but attention to the removal of the causes is necessary and must not be forgotten.

When the convulsions are due to the sudden *striking in of some eruption,* use the warm bath at

once, and be careful, in removing the child from it, that a chill is not experienced. At the same time give :

Tincture of Aconite,	5 drops.
Tincture of Belladonna,	5 drops.
Water,	6 ounces.

Dose — A teaspoonful every half hour to one hour.

Call the family doctor in the mean time, as the troubles are sometimes complicated and need combined treatment.

APTHÆ.

Apthæ, thrush, or canker as it is often called, is largely due to a faulty condition of nutrition, indigestion, bad, unwholesome food, and often follows a protracted diarrhœa. It is most common among pale, delicate or unhealthy children, and those brought up by hand, or those whose hygienic surroundings are defective.

The **symptoms** consist in the appearance of small white specks in the corners of the mouth and upon the tongue, resembling bits of curdled milk, which are disposed to spread and multiply, extending down the throat to the stomach, and in some cases the whole length of the intestinal tract. The mouth becomes hot and painful, the lips swollen, the saliva dribbling away. The child is feverish and restless, grasps the breast in its mouth and immediately lets go again, is fretful, cries with pain and gives other signs of suffering. The pulse is

quick and feeble, a diarrhœa develops with greenish, watery stools, and emaciation follows.

Treatment.—In the outset we must endeavor to prevent the extension of the disease, give attention to the surroundings, endeavor to obtain pure air and water, or if convenient a change of climate. If nursing, see that the mother's milk is wholesome, if not, seek to improve her condition, or else wean the child, secure a nurse or adopt artificial feeding. If brought up on cow's milk, see that the milk is sweet and good and the cow healthy. A change of food often accomplishes great results. Avoid acids, sweets, and fats. A little beef tea, mutton or chicken broth, soft boiled rice, oatmeal gruel, boiled milk, etc., varied a little are better in these cases than persistent nursing or feeding with milk.

When the mouth is dry and the child feverish and thirsty, do not forget to give it a little cold water often ; it is as grateful in small quantities to the child as to an adult.

To overcome the acidity, and regulate the bowels give small doses of the neutralizing mixture, and if the diarrhœa is exhausting add three to five drops of the fluid extract of cranesbill to each dose. Alternate with :

Fowler's Solution,	5 drops.
Fluid Extract Baptisia,	15 drops.
Water,	4 ounces.

Dose—A teaspoonful every four hours, two hours from the doses of the neutralizing mixture when the symptoms require the use of that also.

If indigestion predominates, give a grain or two of pepsin and one-half a grain of subnitrate of bismuth after or immediately before each feeding.

For local application in the mouth, many old fashioned remedies have had a time honored reputation, as an infusion of goldthread, sage and honey, borax and honey, alum and honey, etc.

The following answers a good purpose, and if in using it a little is swallowed it is beneficial rather than otherwise:

Boracic Acid,	20 grains.
Fluid Hydrastis,	½ dram.
Glycerine,	1 dram.
Water,	2 ounces.

Apply with a soft brush, touching the sores several times a day, or put one-fourth to one-half a teaspoonful into the mouth three or four times a day.

A change to the following, after using one vial of the above, is often advisable:

Carbolic Acid,	10 drops.
Glycerine,	1 dram.
Water,	2 ounces.

Mix, and apply with a brush. Permit one-fourth of a teaspoonful, well diluted, to be swallowed three or four times daily.

The disease is often met with in older children or adults. Then the same remedies increased in dose or strength will be equally appropriate.

COLDS.

Although most people regard a common cold with indifference, a writer has well said that "Colds

destroy more lives than any other cause." They result from exposure in some way or other, and are too well known to require any description. All are liable. They may affect any or all parts of the body. Colds vary greatly in severity, and their frequent repetition, lays the foundation for severe and often fatal diseases. Indeed colds are the immediate cause of a large percentage of our diseases.

Treatment.--Colds should always receive prompt attention, for neglect is often fatal. Give a hot foot bath on going to bed and drink a cup of warm catnip, boneset or composition tea, cover warm and encourage perspiration, but be careful the next day not to renew the attack. A mild cathartic after the sweat will aid in breaking up the cold. Hot lemonade at night has enjoyed a good reputation.

Five to ten drops of aconite in a goblet half full of water, given in teaspoonful doses every half hour or hour until perspiration is established, is good treatment for either child or adult. An alcoholic, or spirit vapor bath is alway beneficial.

INFLUENZA.

Under this caption we consider the more severe forms of "cold" particularly such as affect the respiratory organs. Most writers consider influenza and colds together, but as influenza often appears in the form of an epidemic catarrh, and is usually so much more severe, I have separated them with the view to impress the importance of prompt and

efficient treatment, for while the disease may not be fatal itself, it often lays the foundations for chronic nasal catarrh, bronchitis and even consumption.

Symptoms.—An attack of influenza is generally ushered in with chilliness or rigors, lassitude, stiffness and soreness of the muscles, sneezing, a dryness or increased discharge from the nasal cavity, oppressed breathing, soreness of the throat, redness and watering of the eyes, the nose sore and swollen, thirst, etc. With these symptoms there is a fever of varying severity, which is apt to remit in the morning. The tongue is coated, the bowels deranged and the urine scanty and highly colored. A troublesome cough comes on, at first dry and irritable, which in time is followed by expectoration, the child snuffles, and in adults the secretion sometimes becomes so profuse, as to keep the person "hawking" or spitting all the time. There is more or less dullness of the intellect, headache, darting pain, and in some cases there may develop croup, bronchitis or pneumonia.

Treatment.—In mild cases of influenza the symptoms will so nearly resemble a common cold, that unless an epidemic of the disease is prevailing it will be impossible to distinguish between them. The treatment advised for colds is appropriate in mild cases, but in severer ones a more thorough course may be necessary. An old fashioned domestic remedy of considerable efficacy, I well

remember, in "childhood's happy hours," consisted of vinegar, molasses and butter stewed together and taken hot on going to bed; for an adult a large cupful was a dose.

In the early stages of the disease a thorough sweat is decidedly appropriate. A spirit vapor bath (described elsewhere) aided by a hot mustard foot bath, and the warm teas advised for a cold, followed by the use of aconite as for a cold and pushed till the pulse is regulated and the fever controlled, will in nearly every case cut short the attack. As soon as the fever shows a distinct remission in the morning commence giving quinine every six hours, one-half a grain at a dose for a child two years old; continue it two or three days in succession. Allay thirst with drinks of lemonade, flaxseed tea, or water.

If the bowels are constipated, after the fever is under control and the pulse moderated, give some mild laxative, but always bear in mind to so time it that it will not be operating on the bowels when the patient is bathed in perspiration.

If the symptoms of nasal catarrh predominate, powdered boracic acid, used as a snuff, will usually afford speedy relief, although it will sometimes cause an unpleasant sensation for a few minutes. Inhaling the vapor of ammonia often acts equally well, and is almost always to be found in every house. The vapor of camphor is also excellent. Put a teaspoonful of the spirits of camphor into a

teacup of hot water and inhale the vapor as it rises, snuffing it well up the head.

Another.—Into a wide mouthed bottle capable of holding an ounce, mix two drams each of carbolic acid and spirits of hartshorn; then put in cotton batting enough to absorb the mixture, and inhale the vapor, keeping it corked when not in use. The evolution of the vapor may be increased by setting the bottle in a cup of hot water during inhalation.

When the severity of the disease is spent on the chest, the following will relieve the inflammation and soreness, promote expectoration and overcome the cough:

Tincture of Aconite, - - -	10 drops.
Tincture of Bloodroot, - - -	1 dram.
Paregoric, - - - - -	3 dram.
Compound Syrup Squills, - -	12 drams.

Mix. Dose—For a child two to five years old 10 to 15 drops three or four times a day. For an adult a teaspoonful.

If there is a sense of dryness in the throat and bronchial tubes, a whistling noise in breathing, a poultice of flaxseed applied warm as can be borne will aid its relief.

If there is much prostration less aconite is to be used, and more quinine, and if necessary, alcoholic stimulants, in slings, milk punch, wine, brandy, etc.

Great care must be taken not to catch a fresh cold during the course of the disease, which is apt to continue a week or two, unless the treatment

cuts it short, as it would be very apt to bring on a renewal of the attack more severe that at first and perhaps cause a serious disease of the lungs.

After the severity of the attack is passed, tonics may be required, as iron, quinine, syrup of hypophosphites, etc.

CROUP.

The causes of this alarming malady are principally cold and damp. The disease is most prevalent in the fall and winter months, and a child having been once attacked, will be extremely liable to its return on slight exposure, particularly when the weather is cold, damp or changeable.

For convenience we will divide it into *catarrhal or mucous, spasmodic,* and *membranous or true croup*

Symptoms.—The *catarrhal or mucous variety* is the most prevalent, and usually comes on suddenly during the night, although there may have been symptoms of a cold for a day or two previously, with some cough and hoarseness, but not sufficiently severe to occasion any anxiety.

The child is wakened suddenly from a sound sleep with difficulty of breathing, and a peculiar brassy cough, which once heard can never be forgotten ; the head is thrown backward, the eyes protrude, the countenance expresses anxiety, the breathing attended with a whistling sound, the voice is rough and hoarse, croaking, and is finally reduced to a whisper. Sometimes the child is disposed to be drowsy, waking as the paroxysms occur.

The accumulating mucus in the throat causes choking and rattling At first the skin is hot and dry, the pulse hard and full, but unless the child is relieved the pulse gets weak, the face livid, the extremeties cold and the skin bathed in a cold perspiration.

These attacks almost invariably occur at night, and while an attack lasts from two to fourteen days unless controlled by the treatment, there will be an improvement during the day, to be followed by an exacerbation again at night, usually at about the same hour.

After the croupy symptoms have disappeared, a catarrhal cough will be likely to remain for several days.

In the *spasmodic form* there may be some little evidence of a cold in the evening, but the child will be comparatively well when put to bed ; in two to four hours it will get restless, and finally be suddenly wakened with fright and suffocation, struggling for breath, with the peculiar metallic cough ; the pulse, however, will be regular and the skin natural and moist. This paroxysm soon subsides to recur again after a short interval. These attacks are disposed to grow lighter, and finally disappear leaving a cough that lasts a day or two

This form when uncomplicated seldom terminates fatally, and its disposition to recovery has favored the establishment of a reputation for many

remedies that in the other varieties of the disease are of very doubtful value.

Cases are sometimes met in which the mucus and spasmodic varieties are so blended that it is difficult to decide to which form of the disease the case belongs.

The *membraneous variety*, it should be remembered, though rare, is by far the most dangerous form of the disease, and it is very important that it be recognized as early as possible, and prompt measures taken to avert its consequences. This form comes on gradually, usually being preceeded for several days by a cold. The cough is harsh and rough, with perhaps moderate soreness of the throat, but it gradually becomes metallic and brassy, and paroxysms may occur at any time, day or night. There is more or less fever, the breathing dry and whistling, the hoarseness increases, the fits of coughing become more frequent, the paroxysms more severe, and the voice subsides to a whisper.

All the symptoms increase as the disease advances, and if not relieved, the constriction of the larynx becomes constant, the lips blue, the veins distended, the extremeties get cold and the child sinks into a stupor that terminates in death.

The false membrane may be seen if the throat is examined, and pieces are sometimes detached, by coughing, of a grayish color, tough and tenacious, that in fatal cases closes the air passages and cause death by suffocation. There will not be the moist

rattling sound in this form of the disease that is heard in the mucus variety, but a piece of membrane may become loosened and flap back and forth with each inspiration and expiration. There are not the periods of relief in this form that are present in the others, but progressing it may terminate fatally in from six to sixty hours.

Treatment.—The application, to the throat, of cloths wrung out of hot water will often give relief. Some physicians advise cold water but I confess I never tried it. Goose oil or lard, applied to the chest, and given internally in teaspoonful doses are popular in some parts of the country, but I have no confidence in them. Woolen cloths wrung out of an infusion of hops, or hops and vinegar, and applied to the chest as hot as can be borne, are beneficial, and the inhalation of the hot steam from the same infusion is valuable. In the application of such means care should be exercised to prevent the cloths becoming cold and doing more harm than good.

In the *spasmodic form* of the disease five drops each of the tincture of aconite and belladonna, dissolved in half a goblet of water, and administered in teaspoonful doses every fifteen or twenty minutes is a valuable remedy. The homeopathic or specific tinctures are preferred. As the disease yields, and the paroxysms become less frequent and severe, the intervals between the doses should be lengthened.

In severe cases the aconite and belladonna may

be alternated with tartar emetic half a grain in half a goblet of water and a teaspoonful given every half hour or hour. It is a powerful depressant and should be used cautiously, and its use discontinued when nausea or prostration is noticed. In this form of the disease relief should be obtained before the ill effects are observed.

In *catarrhal croup*, aconite is one of our most valuable remedies. It controls the fever and inflammation, and aids in preventing exudation taking place in the throat. Five drops in half a goblet of water should be given in teaspoonful doses every fifteen minutes. The addition of a quarter of a grain of tartar emetic in the solution of aconite is a favorite form of administration with many physicians. Given in this way its ill effects are not likely to occur.

When the catarrhal secretion is profuse, and the throat so full of mucus that it embarasses respiration seriously, an emetic becomes necessary. For this purpose many homeopathists rely on tartar emetic in larger doses than those mentioned, but I do not like it. The more prominent among the alopathic school, use the *turpeth mineral*, or yellow subsulphate of mercury. If given early, a no less authority than Prof. Fordyce Barker, of New York, claims it will certainly avert a fatal result. The dose is three to five grains, rubbed up with sugar and placed on the back of the tongue and swallowed. It gives rise to very little prostration, an advantage

it possesses over other emetics, but this advantage is offset by the serious results that may occur from this dose, should vomiting not follow its administration promptly. I would therefore prefer to restrict its use to the membraneous form of the disease in which Prof. Barker has used it with excellent success.

Physicians of the eclectic school rely on bloodroot and lobelia as an emetic in this disease, and though nauseous, I regard them as less dangerous than those already described. The acetic syrup of bloodroot and lobelia when it can be obtained, is a remedy on which I place great reliance in croup. The following prescription can generally be obtained at any drug store, and answers the purpose well, if the real acetic syrup cannot be had:

Tincture of Lobelia, - - -	3 drams.
Tincture of Bloodroot, - - -	3 drams.
Simple Syrup, - - - - -	1 ounce.
Vinegar, - - - - -	2¼ ounces.

Dose—Fifteen drops to a teaspoonful repeated once in fifteen minutes till vomiting occurs. The dose must be varied according to the age of the child, the smaller dose generally being sufficient for those two or three years old.

After vomiting give it in smaller doses an hour or two apart, continuing the aconite at the same time, and increase the intervals between the doses as the symptoms become less severe. If necessary it may be again pushed to cause vomiting in the same manner as before. Unpleasant as this medi-

cine is, it is a very certain one, relaxing the spasm of the larynx, relieving the suffocation, removing the accumulations of mucus, and materially aiding in overcoming the inflammatory symptoms.

In the *membraneous variety* the treatment must be prompt and effective. If the disease is recognized early and we can bring the pulse down to a natural frequency, we may be able to prevent the formation of the false membrane to any extent.

Apply the hops and vinegar hot and repeat them often enough to keep up the heat.

For the fever and inflammation give:

Tincture of Aconite, - - -	5 drops.
Norwood's Tincture of Veratum, -	10 drops.
Water, - - - - - - -	4 ounces.

Dose — A teaspoonful every twenty or thirty minutes, give it persistently till the pulse comes down to eighty or ninety per minute. If however prostration occurs and the pulse becomes feeble, with cold perspiration, it must be suspended entirely, or given at much longer intervals.

Give the lobelia and bloodroot in does sufficient to cause nausea which should be continued till the membrane begins to loosen, then carry it to vomiting, in hopes the effort will cause the membrane to be detached and expelled.

If the suffocation is extreme we may resort to causing vomiting as soon as possible, as it will afford relief and give time to bring about the other effects of our remedies.

When the child is in danger of immediate suffo-

cation, carry the finger back into the throat that the irritation it excites may cause immediate vomiting, with the hope that some of the membrane will be detached and immediate relief afforded, and time gained for other measures.

In giving the syrup endeavor to have it swallowed slowly, as its local as well as constitutional effect is desirable

Do not relax your efforts, nor be misled by a remission until the disease is well under control. Keep up the remedies until the membrane is entirely removed and convalescence is certain. Carry the remedies to vomiting whenever the spasm is severe and the suffocation is threatening.

The treatment is unpleasant, but the character of the disease justifies the use of harsh measures until something better is discovered.

PNEUMONIA.

This affection, also known as *inflammation of the lungs, lung fever, winter fever, etc.*, is an acute inflammation of the substance of the lungs, of frequent occurrence and serious in its results. Its fatality, however, has been materially diminished by the improved methods of practice of late years.

When the disease is confined to a circumscribed portion of the lung it is termed *lobular pneumonia;* when only one lung is affected, *single pneumonia;* when both lungs are involved, *double pneumonia;* if pleurisy exists in connection, *pleuro-pneumonia;*

and when a typhoid condition is developed during its course, *typho-pneumonia.*

In the majority of cases it is caused by cold, but those who have been debilitated by previous diseases, intemperance, faulty nutrition, etc., from any cause, are specially liable.

Symptoms.—For a day or two there is languor, dullness, a feeling of oppression in the chest, short cough, chilliness, etc., similar to a common cold. These symptoms may not attract any attention for a day or two when the advent of the disease will be marked by a pretty distinct chill, often resembling that of malarial fever. In children the chill is often replaced by convulsions. This is succeeded by fever, pressure in the chest, which often increases to a constant pain that is aggravated by an annoying, and distressing cough. The pulse becomes frequent, the skin is hot and dry, the face flushed, the eyes red ; there is severe pain in the head and back, the appetite is lost, the tongue is covered with a whitish coat, the bowels constipated and the urine, scanty and highly colored, usually depositing a bran like sediment on cooling. As the disease advances respiration becomes shorter and more difficult, the nostrils are dilated, and the chest and shoulders elevated with every effort at inspiration. Delirium is often present.

At first the cough brings up a little frothy mucus that soon becomes opake, and about the fifth day it has become very sticky and tenacious, and assumed

a peculiar rusty color, which is the characteristic expectoration of pneumonia.

In mild or favorable cases and those in which the disease yields to the treatment properly, the expectoration now becomes more free, the cough looser and less painful, the fever diminishes, and the symptoms subside, so that in from seven to nine days from the attack convalescence is established.

In the severer cases all these symptoms are increased. The delirium is constant, there is great prostration, picking at the bed clothes, and dirty accumulations are seen on the teeth. Expectoration may be profuse, purple, yellow or bloody, and the breathing greatly embarassed. In fatal cases the delirium passes into stupor and death may occur from the second to the fouth week. Recovery, however, may take place by the gradual subsidence of the symptoms, but, a cough is apt to remain, or other dis eases of the lungs, as hepatization, hemorrhage, or consumption, develop.

The diagnosis of inflammation of the lungs in children is not always easy until the disease is well advanced, although physicians by the aid of *auscultation* and *percussion* are abl e to distinguish it when the other symptoms are unreliable. To the unprofessional these aids are not available. Bronchitis and pleurisy so much resemble pneumonia that it is often difficult to distinguish between them, but this is not so important to the general reader

for the treatment, particularly in the early stages, is almost the same.

Treatment.—If we recognize the disease early and are successful in our efforts, we may cut it short or greatly modify its severity and thus materially promote recovery. Give a hot mustard foot bath at once, with warm teas internally to promote perspiration, and then commence with the following:

Tincture of Aconite,	5 drops.
Fluid Extract Veratrum,	10 drops.
Fluid Extract Asclepias Tuberosa,	2 drams.
Water,	4 ounces.

Mix, and give a teaspoonful every hour till the skin shows a disposition to moisten and the pulse becomes less frequent, then lengthen the interval to two or three hours, and thus continue it till the inflammation is subdued. If, however, a *typhoid* condition presents, with prostration and feeble pulse, the veratrum had better be omitted from the above prescription, on account of its depressing influence, if carried to far, or carelessly used.

If the difficulty of breathing is marked and the pain in the side severe, as in pleurisy, I would give in alternation to the foregoing:

Tincture of Bryonia,	5 drops.
Water,	4 ounces.

Dose—A teaspoonful every hour till relieved, and then it may be omitted.

A hot mush jacket or poultice applied to the chest throughout the disease is a measure on which I place great reliance. It should come well up to the top of the lungs in front, and extend well back under the arms, and should be renewed about

once in eight hours, or as often as it begins to smell sour.

It is made thus: Cook corn meal well as mush, and spread from one-half to one inch thick between thin cloths or put it in a sack, and secure in place with pins, strings or bandages. It should be applied warm as can be borne, and covered with a dry cloth, or oiled silk, but is not to be so thick and heavy as to cause fatigue. The meal may be cooked in water in which hops have been boiled, and the annodyne properties of the hops will aid the moisture and warmth in allaying the cough and pain.

As soon as the pulse has been moderated by the aconite mixture and the skin is moist, give pretty full doses of quinine every four hours. The dose must depend upon the child's age, from one-half a grain for two years old, to two grains for a child of five or six years. Keep on with the aconite until the fever is controlled, gradually lengthening the intervals between the doses as the febrile symptoms decline, until it is omitted entirely.

If after a few days from the commencement of the disease the bowels are constipated as will often be the case, a mild cathartic should be given, and for this purpose I would give Husband's magnesia, in suitable doses proportioned to the age of the patient, or one-eighth of a grain of podophyllin, mixed with one-half a grain of leptandrin, triturated in sugar, and repeated once in twelve to twenty-four hours till a mild operation is induced.

The scantiness of the urine may necessitate a remedy, when three to five grains of acetate of potash in a tablespoonful of water, repeated three times a day, will act nicely. This dose may be increased if necessary, and for older children.

Throughout the case give plenty to drink. Lemonade, acid fruits, jellies, water, milk, etc., are most agreeable.

The diet should never be solid, but very soft. Milk, beef tea, mutton broth, oyster soup, tea, soft toast, and if there is much prostration, milk punch, eggnog, wine, etc., but care should be taken never to over stimulate.

A warm alkaline sponge bath, once or twice a day, will materially promote comfort and recovery. Warm water containing a little common soda or saleratus is all that is necessary, care being taken, however, to prevent exposing the body when bathing lest a chill occur.

During convalescence, tonics are called for, iron, quinine, hypophosphites, etc. The following is a good combination:

Quinine, - - - - - 10 grains.
Compound Syrup Hypophosphites, - 2 ounces.

Dose—For a child one to two years old, one-fourth to one-half a teaspoonful three times a day.

Sleep is encouraged by bathing at bed time, but if necessary, small doses of Dover's powders at night may be given. One or two grain doses are sufficient.

The cough is sometime very troublesome and may call for a special remedy, though in the milder cases the treatment already advised will be sufficient. When something of the kind is needed, and in those cases where the cough continues after the inflammation has subsided, give :

Tincture of Bloodroot,	1 dram.
Tincture of Ipecac,	1 dram.
Compound Syrup Squills,	1 ounce.
Syrup of Wild Cherry,	2 ounce.

Dose — One-half to one teaspoonful three or four times a day. When the cough is unusually severe and annoying I add half an ounce of paregoric to the above; some however, might prefer half a grain of morphine in place of the paregoric. This use of the opiate would of course overcome the necessity of the Dover's powder already memtioned.

CHRONIC PNEUMONIA.

Sometimes an attack of pneumonia will only partially subside and leave a chronic inflammation behind. In such cases more or less solidification of the lungs is likely to be present. Chronic inflammation of the lungs may also develop without the previous occurrence of an acute attack.

Symptoms.—Respiration is shorter and quicker than natural, and attended with more or less difficulty. There is a harassing cough with a rusty or grayish colored expectoration, often coming up by the mouthful after a hard fit of coughing. There is languor, weakness, quick pulse, fever of an intermittent character, flushed cheeks, night sweats, impairment of nutrition, great wasting of flesh,

and symptoms analogous to those of quick consumption.

Treatment.—The objects to be attained by treatment are to arrest and subdue the inflammation, improve nutrition, aid the recuperative powers of nature to rebuild the wasted tissues, and bring about absorption of the products of the inflammation. The functions of the various vital organs must be looked after, and rendered as perfect as possible. Everything must be taken advantage of that can aid in building up and improving the powers of life. Let the diet be as nourishing as it is possible—milk, cream, eggs, beef, mutton, oysters, game, etc.

A spoonful of good old whisky after each meal will aid digestion, and contribute to recovery; the clothing should be warm, and a chest protector of several thicknesses of flannel quilted together worn over the chest; and the skin thoroughly rubbed each day.

When there is great emaciation the rubbing of some animal oil into the skin daily, all it will absorb, is a good measure. I often order for this purpose half a teaspoonful of lard, with a grain or two of quinine, repeated daily.

A blister or some other form of irritation applied over the affected lung will often be beneficial.

As a tonic give:

Fowler's Solution of Arsenic,	15 drops.
Quinine,	15 grains.
Compound Syrup Hypophosphites,	4 ounces.

Dose — One-half to one teaspoonful, for children three to five years old, before meals three times a day.

For the cough and to aid in absorption, particularly when some portions of the lungs are solidified :

Fluid Extract Veratrum,	10 drops.
Tincture of Bloodroot,	2 drams.
Muriate of Ammonia,	1 dram.
Syrup of Wild Cherry or Tolu,	4 ounces.

Dose — One-half to one teaspoonful three times a day between meals and at night.

This is a serious disease and should not be tampered with. If the patient does not improve very soon, a reliable physician should be consulted, for I sometimes find in such cases some complication that must be corrected, after which the usual treatment will succeed.

CONSUMPTION.

Consumption is a serious constitutional malady, characterized by a wasting of the body and attended by an affection of the lungs, in which sooner or later, tubercular deposits occur. No other disease is so widespread or fatal as consumption. It preys upon all classes of society, and is the cause of about one-seventh of all the deaths that occur in Europe and North America.

It is much more prevalent among children than is usually supposed, and is closely allied to scrofula. Some writers regard them as essentially the same, one being only a modified form of the other.

The disease is characterized by feeble vitality. emaciation, and loss of strength, sooner or later followed by a cough, expectoration, difficulty of breathing, fever, night sweats, hemorrhage, and death.

The causes of this affection are two kinds: one predisposes the system to the disease, and the other operating on a system thus prepared excites the disease into activity.

Of the first kind we may mention hereditary predisposition, incompatibility of temperaments, and sexual diseases of parents, climate, depressing influences, and anything that lowers the standard of vitality.

The second class of causes are colds, catarrh, syphillis, masturbation, spermatorrhœa, diseases of women, dyspepsia, measles, whooping cough, diphtheria, inflammation of the lungs, depressing emotions, a fast life, excessive sexual indulgences, exhaustive discharges, etc. Catarrh, colds, lung diseases, etc., play an important part.

While some of these causes do not apply to childhood, I have introduced them here as a warning to the older ones into whose hands this book may chance to fall. Impairing the constitutions of the parents, they are, through hereditary transmission, indirect causes of consumption.

In spite of the fearful mortality of this disease, and the general belief that it is incurable, researches during the past twenty-five years prove conclusively

that it *can* be cured. All modern writers are agreed upon this point. Numerous cases are on record where complete recoveries have been made, and many years afterward the person has died from other diseases. Post mortem examinations have revealed many cases of the kind.

The **symptoms** of consumption vary with the stage and progress of the disease. In most cases a general breaking down of the general health occurs for a longer or shorter time before the lung symptoms are developed. Whenever we find a growing weakness, paleness, loss of flesh, quickened pulse, and shortness of breath coming on, without any apparent cause, we have just reason for anxiety These are premonitory symptoms, and remedies will now be found most efficient. Soon a cough, generally hacking, and worse at night, occurs. The patient says "I have taken cold and will soon be all right." Food does him no good; the cough becomes worse, expectoration more profuse. There may be a remission of all these symptoms, and the victim think he is getting well, but another cold sets him back, and develops the disease more severe than before, and fever and night sweats occur. Thus the disease goes on, alternating better and worse. Each time more severe, and the recovery not quite so perfect. This may last for years, or it may complete its course in a few months. It is needless to trace the disease further; it is easily recognizable now, and its onward progress is

marked with symptoms so plain that none need be longer deceived.

In children, however, the symptoms of the lung disease are not always as well marked as in the adult, the deposition of that peculiar substance termed *tubercle* is apt to be more generally distributed throughout the abdominal and thoracic viscera. Consumptive children may waste away and die without the development of the lung symptoms when it receives the more technical name of *tuberculosis*.

Treatment.—The most important consideration is the successful treatment, and the more thoroughly and persistently it is carried out, the greater the chances of success. Any who have the slightest reason to believe that they are developing a consumption, or are in the least danger of doing so, should not rest until they have marked out a course of hygienic and medical treatment. Do not wait a single day, time is precious. Your life depends on what you do now. Do not be put off by evasive answers. If you have not implicit confidence in your family physician's skill, consult some one else. Do not permit deference to old fogyism to rob you of life. Errors committed now will be overcome only with the greatest difficulty.

We may indicate the general plan of treatment, but each individual is apt to present characteristics or modifications that will demand attention and perhaps require changes of remedies. It is too

serious a disease to admit of unprofessional control, and yet there is time to select competent professional advice. I shall therefore beg the reader's pardon if I confine my remarks mainly to the outlines of treatment, or to that part of it which the patients themselves, or their friends, must conduct for them.

Take advantage if possible, of climate, hygiene and medicine. As to climate, seek if possible, that which will enable you to live a greater portion of the time in the open air. A dry clear air with an even temperature is best. Study the rules of hygiene and do everything that can contribute to health. Take plenty of good air, exercise, nutritious food, and keep every organ in as nearly a healthy condition as possible. We must avoid every debilitating influence. The disease breaks down. We must build up. The indications for treatment are plain, if we stop to think. There is a torpid liver, impaired digestion, insufficient nutrition, and the body wastes faster than it is nourished. A fever, a serious cough, a deposition of tubercular matter in the lungs and other tissues, ulceration and inflammation of the lungs, often serious hemorrhage, exhausting expectoration and sweats, irritation of the nervous system, and a gradual decay of the whole body with a marked diminution of the vital forces. These are the principal pathological conditions, and to meet them properly we must regulate functional activity, improve nutrition and appetite,

allay nervous excitement, fever and inflammation; promote digestion, soothe the cough and prevent hemorrhage, relieve the circulation, diminish waste and heal the lungs.

It is folly to depend upon cough medicines, for as a rule they only relieve one symptom at the expense of another; many of them ease the cough and destroy digestion. When employed they must only be expected to benefit the one symptom — cough. It must be understood that the cough in consumption is only a symptom of the disease, it is one of its branches as it were.

The following prescription is a good one, particularly in the early stages and should be used persistently:

Fluid Extract Veratrum, - .	5 drops.
Fluid Extract Lycopus Virginica, -	30 drops.
Fowler's Solution, - - -	8 drops.
Water, - - - - - - -	4 ounces.

Dose — A teaspoonful every three or four hours. Adults should increase the dose proportionately.

This may be alternated with any tonic remedy desired or suited to the needs of the patient

If the liver manifests torpidity, I would give one-twentieth of a grain of podophyllin well triturated in sugar of milk and repeated every night.

Details of this character should be presided over by a competent physician who will provide for such indications as they arise.

The diet must be as nutritious as is consistent with digestion and assimilation. Every depressing influence should be avoided.

The clothing must be warm and adapted to furnish protection against atmospheric vicissitudes.

The discussion of the "Germ Theory" of disease has revived the employment of sulphurous acid gas by inhalation in consumption, it being claimed that this gas is one of the most efficient *bacillicides.* I am satisfied from experiments made by myself that it is beneficial to some extent, but I am yet in doubt about its being all-sufficient. The patient may inhale the vapor of sulphur evaporated on a warm stove or iron, several times a day, or spend a portion of his time in a room in which the gas is being liberated. It is apt to cause irritation of the throat and lungs at first, but after a couple of weeks the cough improves and the other symptoms subside. If the vapor becomes too dense at any time it causes suffocation. It is injurious to the clothing.

For several years I have employed in consumption, bronchitis and catarrh, a preparation in which sulphurous acid gas is a prominent character, and in some cases I have witnessed remarkable results. The difficulty attending its use, however, has prevented me from its general use, as many could not, or did not, manage it properly, unless they had received personal instructions from me. From what I have seen of it I would not expect any perman-

ent benefit from it in consumption except in the earlier stages.

ASTHMA.

This disease, also called *phthisic*, is a spasmodic affection of the lungs which comes on in paroxysms, generally at night, and is attended by difficult respiration, tightness across the chest, a wheezing noise, inability to lie down, etc. These symptoms continue for several hours at a time, and terminate in the health of the patient, and without necessitating any morbid changes in the structure of the lungs. Long continued, however, it may after repeated attacks develop pulmonary disease.

Asthma is essentially a nervous disease, and while not usually seen before puberty I have met with several cases among small children. When once developed it is apt to reappear at irregular intervals during the lifetime of the patient.

The symptoms are too familiar to require any description.

The **causes** are obscure and varied. That which brings on an attack in one subject may have no influence whatever on another. Atmospheric vicissitudes, inhalation of dust, certain odors, etc., and nasal catarrh is a frequent exciting cause. Some persons will be entirely free from it while in certain localities and be attacked again as soon as they depart. I knew one man, who would be entirely free from the disease while he remained at home in Saratoga Springs, but if he went, even ten miles

from home, would be sure to have an attack, and if during the attack he returned home, when within a mile or two of home would experience perfect relief.

The **treatment** is empirical. Remedies without number have been advocated to be tried and discarded. Change of climate is often serviceable, but no climate will furnish immunity for all, or even a majority. The climate which one asthmatic finds beneficial will be of no advantage to another.

During the late war I knew several soldiers who were entirely free from it while in Virginia, but the disease returned on coming home.

If I had an asthmatic child I would seriously consider a change of climate for its benefit, and would expect to have to go a long distance to get the greatest benefit by the removal.

Chronic bronchitis and nasal catarrh, co-existing with asthma will be likely to defeat any plan of treatment that does not consider *their* cure. I have seen the asthma yield readily after these complications had been overcome. Any plan of treatment should include the correction of all co-existing diseases.

Temporary relief may almost always be afforded by inhaling the fumes from burning nitre, and strammonium, or belladonna leaves. Mix one-fourth pound of coarse powdered strammonium leaves and one pound of nitre, burn a tablespoonful of the mixture and inhale the smoke; repeat if

necessary. This may be varied by using half strammonium and half belladonna leaves to the same proportion of nitre. Blotting paper soaked in a strong solution of nitre, dried and burned is also effective. These substances furnish the basis for all the cigarettes, smokes, pastiles, etc., now in use.

The California plant grindelia, combined with other remedies to suit the peculiarities or complications of the different cases, has proved beneficial in many instances. The following will usually afford temporary relief:

Tincture of Bloodroot,	¼ ounce.
Tincture of Lobelia,	½ ounce.
Bromide of Potash,	½ ounce.
Simple Elixir to make 4 ounces.	

Mix. Dose — For an adult, a teaspoonful every half hour or hour till relieved or nausea is produced. Smaller doses for children. This is an excellent though nauseous remedy. Some find pretty large doses of quinine capable of cutting short an attack.

Attention to the bowels is necessary. A cathartic dose of podophyllin, or a compound podophyllin pill, taken at the commencement will often modify an attack.

Measures for a permanent cure, if undertaken, must be persevered with for a considerable length of time, and are to be continued during the intervals as well as during an attack.

WHOOPING COUGH.

This is a disease peculiar to childhood but is sometimes witnessed in adults. It prevails as an epidemic, uninfluenced in its occurrence by season;

rarely attacking an individual more than once, which is generally the first time they are exposed to its causative influence, though cases are known where it has reappeared a second and even a third time.

It is due to a specific poison, which appears to be communicated directly from one child to another, yet it is presumed that some peculiar atmospheric condition is favorable to its propagation, and is the principal means by which it is spread. Be this as it may there is plenty of evidence for and against this theory, but as no good can well result to the non-professional reader from its discussion, it will be omitted.

It generally runs a regular course lasting from six to ten weeks, and were it not for the complications liable to develop during its course, would seldom or never prove fatal. Spasmodic cough, bronchitis, etc., often continue for a long time after the specific disease has run its course.

Whooping cough is essentially a nervous disease, usually milder in warm than in cold climates, and is less severe when it occurs during warm weather.

Symptoms.—The disease may be divided into three stages: the *catarrhal,* the *spasmodic,* and the *terminal.*

The first is very similar to an ordinary cold, accompanied by slight fever, languor, loss of appetite and restlessness, with more or less cough. Sometimes these symptoms are severe, and in other cases pass unnoticed.

After two or three weeks the fever abates, and the cough which has gradually developed becomes peculiar, persistent, spasmodic, and characterized by a loud shrill inspiration or *whoop* which gives the disease its name. The cough comes on in paroxysms, varying in frequency from once or twice a day to as many times in an hour. When a fit of coughing comes on the child instinctively grasps something for support, or runs to its mother for protection, but returns to its play when the paroxysm is ended. During the paroxysm which may last from a few seconds to several minutes, there is a rapid succession of short, spasmodic coughs, succeeded by the prolonged inspiration or whoop, during which the face becomes red, turgid and bloated, the blood vessels distended and the eyes prominent. The paroxysm often terminates in vomiting or the expulsion of a thick tenacious mucus.

This vomiting may be so serious as to materially interfere with nutrition, by causing the child to vomit so soon after eating as to prevent the digestion and assimilation of its food.

This stage — the *spasmodic* — lasts from three to eight weeks, when it gradually subsides, terminating in recovery unless some serious complication has been developed.

In the first stage the expectoration is a frothy mucus. In the second it is transparent, yellowish, possibly purulent, ropy and tenacious. In the

third it becomes less tenacious, slightly opake, diminishes in quantity and disappears.

Sometimes this expectoration is so ropy it cannot be drawn out of the child's mouth with the fingers. When it is so very tenacious, and in feeble children, they may be aided by grasping it with the corner of a napkin and drawing it from the mouth and air passages.

Treatment.—It is questionable if treatment ever does more in whooping cough, than to palliate and modify the symptoms and prevent or control complications. Unless it is prevailing in the neighborhood as an epidemic, it will be impossible to distinguish the first stage from other catarrhal affections. When suspected give :

Tincture of Aconite, - - -	5 drops.
Tincture of Belladonna, - -	5 drops.
Water, - - - - - -	4 ounces.

Dose—A teaspoonful every hour or two. If the cough is harrassing add to the foregoing prescription half a dram of the tincture of drosera and give in the same way as before.

A strong tea or influsion of chestnut leaves, sweetened to the taste, and given in doses of one or two tablespoonfuls, five or six times a day, sometimes exerts a wonderful control over the disease, in the first and second stages. The earlier it is given the better. If the leaves cannot be obtained, the fluid extract which can be got at nearly all drug stores, may be given in five or ten drop doses in water and repeated as often as the infusion.

A tea of red clover blossoms has long been favorably known in rural districts, and may be given freely, sweetened or not. Sometimes it will cause looseness of the bowels. I have seen it control other forms of spasmodic cough very promptly.

Acting upon the theory of the miasmatic origin of the disease, quinine has been given, and it is claimed, with remarkable benefit. Two to ten grains are given at a dose, for children from two to eight years old, respectively, and repeated four times in twenty-four hours. The dose is intended to be large enough to produce a decided effect. If it is to prove beneficial the first dose or two should be followed by improvement.

Fluid Extract of Belladonna,	5 drops.
Fluid Extract of Lobelia,	30 drops.
Water,	4 ounces.

Given in teaspoonful doses every hour or two, to children under five years, will often afford decided relief from the spasmodic efforts. If taken too freely it causes vomiting and is therefore objectionable to some.

Some of our homeopathic friends recommend *mephitis* in pretty strong terms, both in this disease and in asthma, but I can not speak of it from personal experience.

The following is an old fashioned remedy that often answers well when others fail:

Cochineal,	10 grains.
Bicarbonate of Potass,	1 dram.
Fluid Extract of Belladonna,	10 drops.
Syrup,	4 ounces.

Dose — A teaspoonful three or four times a day.

It has been my experience that remedies that relieve very effectually some years have very little influence in others. I do not pretend to explain this observation.

I have found the following very efficient during two epidemics occurring in the fall and winter :

Bromide of Potash, - - -	2 drams.
Fluid Extract of Veratrum, -	10 drops.
Fluid Extract of Black Cohosh, -	1 dram.
Syrup, - - - - - - -	4 ounces.

Mix, and give a teaspoonful four times a day. It speedily modifies the spasms, controls the bronchitis, and relieves all the symptoms. Belladonna in equal proportion may be substituted for the veratrum if relief is not obtained in two or three days. This may be given at the same time the infusion of chestnut leaves are employed; giving the doses an hour or two apart.

Two or three days is usually long enough to determine whether a remedy is going to do good or not, and if no improvement is apparent in that time, something else may be tried.

Attention should be given the bowels, to keep them regular, also to any other unnatural conditions that may occur.

If there is decided determination of blood to the head, the head hot, with dizziness, extreme suffocation, the expectoration stringy and profuse, I would use the last named prescription with a good deal of confidence.

MUMPS.

This is an inflammation of the parotid glands, situated just under the ear, hence the name *parotitis.*

It is produced by a specific miasm, and usually occurs in childhood, and when both sides have been affected it rarely returns. We often see cases where only one side has been affected. In these cases, perhaps years afterwards, the individual may have another attack, which will be confined to the opposite side. It usually occurs as an epidemic, and appears in from five to twenty days after the exposure. Children under three years of age are rarely affected.

Symptoms.—There is more or less febrile disturbance, chilliness, and sometimes vomiting, followed in from twelve to thirty-six hours by a pain under the corner of the jaw, sometimes extending into the ears. Soon after the advent of the pain a swelling begins, that sometimes attains an enormous size. This swelling generally reaches its greatest size on the fourth or fifth day, when it remains stationary for a day or two, and gradually declines, so that by the twelfth day it has entirely disappeared. It may involve both sides simultaneously, or may appear on one side first, and about the time of its disappearance on this side, attack the other.

An old fashioned domestic diagnostic symptom, that appears to be ignored by the profession, was to have the suspected individual eat a pickle or some acid substance, when if it caused severe twinges of pain, running into the swollen gland, it was pronounced mumps without any farther ado.

A peculiarity of this disease is that the inflam-

mation is liable to suddenly disappear from the neck and appear in the testicles of the male, or the breasts or ovaries of the female, more especially if the afflicted person "catches cold" during the progress of the malady. Serious consequences, amounting to impotence or sterility, sometimes occur by this metastasis as it is termed.

Treatment.— We have no remedies that do more than modify the severity of the disease, and many persons, particularly when the attack is mild, do nothing at all farther than to remain in doors, and perhaps take a few extra precautions against taking cold.

A mild laxative may be given if the bowels are sluggish, and if the febrile symptoms are severe, give :

Tincture of Aconite,	10 drops.
Water,	4 ounces.

Dose — A teaspoonful every hour or two. If the swelling is severe, add to the aconite and water half a dram of the saturated tincture or fluid extract of poke root (phytolacca decandra) and take it as before. At the same time apply hot fermentations to the neck. A poultice of common beans cooked till nearly done, bruised, and applied is excellent.

Aconite is *the* remedy and if properly pushed, and proper care exercised to guard against cold, it is rare that suppuration or metastasis to other glands will occur.

Should it disappear from the neck suddenly and attack those other parts mentioned, keep on with

the aconite and phytolacca, and also give in alternation :

Tincture Pulsatilla,	15 drops.
Tincture Gelseminum,	30 drops.
Water,	4 ounces.

Dose — A teaspoonful every two to four hours between the doses of the other Apply to the swollen parts, as warm as it can be borne, a solution of muriate of ammonia in water, an ounce in a pint of water.

Rest in the recumbent position under such circumstances should always be enjoined, and the swollen parts carefully supported instead of being permitted to hang down.

To secure rest and if the pain is severe, a dose of Dover's powder proportioned to the age of the patient should be given.

When the gland suppurates it should be opened by the knife, and a poultice of elm, flaxseed, or bread and milk applied and frequently changed. This will be better than to endure the pain and suffering for many days, waiting for the forming abscess to break itself.

SORE THROAT.

This is a very common complaint and we meet with numerous cases that do not admit of the customary classifications, as they are neither diphtheria nor quinsy they are too often ignored.

We might perhaps satisfy sticklers for names if we include all these cases under the one general classification — *pharyngitis*, but after all it is "sore

throat." Sore throat is often an accompaniment of other diseases.

There are several varieties of the affection, depending for the most part upon atmospheric conditions resulting in colds, as the exciting cause The predisposing causes are catarrh of the head and throat, scrofula, impaired constitutional vigor, venereal taint, and many person acquire a habit of having a sore throat on exposure to cold, damp, changeable weather, etc. Diphtheria, quinsy, laryngitis, etc., often leave behind them a tendency to sore throat. When a person has once suffered from a severe sore throat, future attacks are to be feared.

Chronic sore throat is very prevalent.

Symptoms.— The symptoms vary according to the cause, and peculiarities of the patient. The throat is tender, inflamed, and sometimes ulcerates. During an inflammatory attack there is chills and fevers, hoarseness, a desire to swallow often or clear the throat, the mucus membrane may be bathed in a profuse glairy mucus or it may be dry, irritable and husky. The natural color may be changed to an intense red, varying to a dusky or livid. The whole pharynx may be swollen, and if there is a tendency to ulceration the breath becomes exceedingly offensive, and examination reveals small ulcers which may run together and produce extensive sores.

Usually these sore throats are more annoying

than dangerous in themselves, still if neglected when severe they may proceed to a fatal termination. When neglected they are apt to become chronic, and by extention downward along the mucous membrane into the lungs or stomach. are apt to give rise to serious consequences.

The **treatment** must be varied to suit the conditions that present. If of the inflammatory variety, the throat red and swollen, pulse accelerated, and there are general febrile symptoms, *aconite* is pre-eminently the remedy, whether the patient is a child or an adult. It may be given in combination with *belladonna*. Put five drops of each in half a goblet of water and take a teaspoonful every hour.

Then give chlorate of potash as a gargle, and permit a little of it to be swallowed every three hours. A teaspoonful of the crystals in half a goblet of water is about the proper strength. The compressed tablets of chlorate of potash which can be got at any drug store, are more convenient, as they can be carried in the vest pocket, and dissolved in the mouth and swallowed slowly as they dissolve. The dose for children may be one-fourth to one-half a tablet, or two or three grains every two or three hours.

If the breath is offensive give a grain or two of the second trituration of the red iodide of mercury, or *pink* powder, as it is often called. It comes the nearest to being a specific in the majority of cases of "sore throat" yet discovered, and is specially

valuable when the breath is offensive, though if there is inflammation never omit the aconite.

Those subject to an attack of sore throat with every change of weather, should carry a vial of aconite pellets, and a box of tablets with them for use at once.

These remedies are always appropriate even in those cases where the predisposing cause is catarrh, scrofula, or syphilis, but a complete course of treatment, to completely overcome these constitutional affections must be instituted in the interval, only depending on the remedies above named for the relief of acute symptoms.

Wet packs about the neck facilitate the cure, but of course are only to be used when the patient remains in doors. Frequent bathing the neck with cold water, or whisky and water, *on the outside*, is beneficial in overcoming the sore throat habit.

In chronic sore throats there is generally an impaired condition of the general health, that demands aid for the reparative powers of nature, by appropriate remedies, as well as the employment of medicines for the local symptoms.

QUINSY.

Quinsy or *tonsilitis* is, as the name indicates, an acute inflammation of the tonsils, implicating the uvula, soft palate, and throat generally. One or both tonsils may be affected at the same time. It sometimes terminates in suppuration, requiring to

be opened with the knife, or perhaps breaks and discharges the matter itself.

The causes are cold, change of temperature, damp, wet feet and all the usual causes of colds. Scrofulous persons are most liable to it.

Symptoms.— At first there is a soreness or stiffness of the throat, with heat, and often pain. There may be chills which will be succeeded by fever. The throat is dry, hot and swollen, and swallowing becomes difficult and every attempt is attended by excruciating pain.

The uvula is enlarged and elongated, the end dropping down into the throat occasions a sensation as if some foreign substance was lodged in the throat, causing frequent attempts at swallowing and giving rise to much irritation.

On examination one or both tonsils are seen to be swollen, the uvula elongated, and the whole throat unnaturally red and shiny. The pulse is rapid, the tongue furred, and the bowels usually constipated. The pain from the inflamed tonsils often extends into the ears.

As the disease advances the difficulty in swallowing increases to such an extent sometimes, that on attempting to swallow fluids they are expelled through the nose. The speech becomes indistinct, and the thirst is great. These symptoms all vary in severity.

The symptoms described may continue from five to twenty days, and may gradually subside, or they

may terminate in suppuration of the affected tonsil. The formation of matter is indicated by a throbbing pain, sometimes accompanied by a chill. This throbbing continues until the swollen gland is opened, or breaks itself and a free discharge of matter takes place, when the swelling is suddenly reduced, and all the symptoms subside, and rapid recovery takes place.

Sometimes during the disease the tonsils are covered with little ulcerated patches, and may be mistaken for diphtheria. Sloughing may take place particularly in those whose constitutions are previously much impaired.

Both children and adults are subject to the disease.

Treatment.— One of the first remedies to be thought of is aconite, five drops in half a goblet of water and a teaspoonful given every hour. It may be combined with phytolacca with benefit, thus :

Tincture Aconite,	5 drops.
Fluid Extract Phytolacca,	15 drops.
Water,	4 ounces.

Dose — A teaspoonful every hour or two.

If this prescription is given at the outset it will be likely to cut short the disease. Alternate it with :

Tincture of Hyoscyamus,	30 drops.
Water,	4 ounces.

Dose — A teaspoonful every two to four hours, between the doses of aconite. Larger doses for adults.

I do not remember ever having seen hyoscyamus recommended in quinsy, but I have used it in a number of cases with most gratifying results.

A cathartic is almost always demanded. A seidlitz powder, or a dose of salts may be given, or what is better, podophyllin and leptandrin, one tenth of a grain each for a child, one-half grain each for an adult, and repeat in twelve hours if needed; let it be taken at night as a rule, the saline in the morning.

If the pain is so severe as to prevent sleep a small dose of Dover's powder may be taken at bedtime.

Hot poultices applied to the neck are beneficial, and inhaling the vapor from an infusion of hops and vinegar sometimes affords marked relief.

Frequent attacks are liable to result in a permanent enlargement of the tonsils, and give so much annoyance that an operation for their removal becomes necessary. Scrofulous children are particularly subject to this form of trouble.

DIPHTHERIA.

Diphtheria is an exceedingly grave malady in which we have a profound constitutional disturbance, accompanied by a severe affection of the throat, characterized by the development of patches of false membrane, developed more or less extensively on the mucous membranes of the throat and air passages.

There is probably no disease in which there is

greater diversity of opinions regarding its pathology, causation or treatment. Some consider it primarily a disease of the throat, from which the whole system becomes rapidly infected; while others regard the local trouble as a consequence of the constitutional disease, instead of a cause.

That there is a specific poison, the nature of which is yet unknown, there is no question. It is contagious and infectious, and often prevails as an epidemic, though isolated cases are seen, supposed to depend upon some local cause as defective sewage or drainage.

Diphtheria is no respecter of person, age, condition, rank or temperament. Whole families are sometimes destroyed, although children under ten years furnish the greater percentage of its victims.

The **symptoms** vary in different cases, from a mild sore throat to the most serious and malignant blood poisoning. Between these extremes we meet with every grade of intensity. The exudation of "false membrane" is the most certain diagnostic sign.

There may be premonitory symptoms, as languor, dullness, fretfulness, thirst and impaired appetite, but they are apt to pass unnoticed. These may last two or three days, when there will be chilliness sometimes amounting to a severe chill, succeeded with feverishness, headache, backache, and in some cases rheumatic pains, with derangement of the skin, kidneys and bowels.

There may be a stiffness of the neck, heat and irritation in the throat at the outset, but usually the throat is not complained of until the fever is developed. On examining the throat it will be found somewhat swollen, of a red or livid hue, at first covered with a glairy mucus, soon to be followed by ashen gray spots on the membrane, which are usually grouped together in clusters, becoming more numerous as the disease advances, and, coalescing, extend over large surfaces presenting the peculiar ashen gray wash-leather appearance characteristic of the disease. This peculiar exudation may take place upon the surface of any mucous membrane in the body. It frequently extends upward and lines the nasal cavity, and downward into the larynx and trachea, seriously endangering life by suffocation, or it may extend downward along the esophagus into the stomach and bowels, and has extended the whole length of the alimentary canal.

There is more or less fever, usually typhoid in character. The pulse varies from rapid and full at first, to feeble ; or it may be slow and feeble at the outset. The temperature is frequently very high.

The saliva is thick and tenacious and difficult of removal, the breath offensive, the teeth become covered with sordes, and the lips black and parched. After two or three days the exudation is liable to become detached, leaving the surfaces beneath raw and extremely sensitive, so that the attempts at

swallowing or even breathing, are exceedingly painful. The more extensive the patches of membrane are, the greater the difficulty of detaching them will be, and as one edge becomes loosened before the rest it may be heard to flap back and forth with each respiration, with a noise well calculated to occasion anxiety. The denuded surfaces may ulcerate, and foul, unhealthy sores replace the "false membrane."

In mild cases, when the membrane has not yet been formed, it may be mistaken for catarrhal sore throat, but in all such cases, particularly if prevailing in the neighborhood, the great depression of the system is sufficient cause for alarm and suggestive of immediate action.

In some cases an eruption has appeared upon the skin, so nearly resembling scarlet fever that many have been led to regard the two diseases as identical.

Sometimes in the beginning of the severer forms of the disease the patient will be attacked with vomiting of a yellowish watery fluid ; this may be followed by a purging of a matter similar in character. After a painful restlessness the patient may sink into a stupor or unconsciousness, which may be again replaced with delirium, and all the powers of life rapidly fail.

In fatal cases death may occur from blood poisoning, the patient gradually sinking, but more often it is occasioned by the sudden formation of

heart clots. Suffocation is also a frequent form of death, when there will usually be a gradual decline, the patient becoming unconscious and comatose before the end, owing to the accumulation of carbonic acid in the blood.

When the disease terminates favorably a marked improvement in all the symptoms generally takes place from the fifth to the tenth day. The swelling of the throat subsides and the patches of false membrane cease to re-form as the different portions become loosened and are thrown off. The local discomfort gradually disappears and the general symptoms rapidly improve. The temperature permanently becomes natural, the appetite returns, the skin and kidneys resume their natural functions, and with the exception of the muscular weakness, the invalid feels quite well.

The danger, however, is not yet entirely over, for relapses frequently occur, with a new formation of false membrane and a return of the most serious symptoms; or there may be a clot formed in the heart, with a sudden failure of its action, and death by fainting result; and even when there is an escape from these contingencies, at a later period there may occur diphtheritic paralysis. It is well therefore, that the convalescence be well guarded, and care taken against all ordinary exertion and exposure for some little time after the symptoms have disappeared.

Treatment.— It is folly to advise that the man-

agement of so grave a disease be undertaken without the attendance of a physician, and though such be the case, in view of the conflicting opinions, I will venture to describe such treatment as has served me best.

If possible the patient should be put into a clean, dry, well aired bed, in a good sized, well ventilated room. The room should be one that can be kept at a moderate temperature. Exclude every one from the room not necessary for the care of the sick person, and thus prevent as much as possible the spread of the malady. Disinfectants should be employed about the room and are not only beneficial to the patient, but afford a certain degree of protection to the attendants. Chloride of lime may be used for the purpose, exposed in dishes and occasionally a little vinegar poured upon it. Under the direction of the physician a little sulphur may be burned in the room, care being taken that the sulphurous acid gas disengaged does not become so dense as to cause suffocation of the patient.

We must maintain the vital powers by all the means at our command. Nutritious and stimulating food is necessary from the commencement, beef tea, mutton tea, milk, eggs, wine whey, milk punch, etc. If milk disagrees the addition of a little lime water will usually overcome the objection. Repeat or alternate these articles so that every two or three hours some nourishment is given.

To control the fever, neutralize and eliminate the poison from the system, I have long had confidence in *veratrum*, and I believe if it is given sufficiently early and so employed as to keep the pulse at about seventy-five or eighty beats to the minute, or a trifle higher, depending on the natural pulse beat incident to the patient's age, that no exudation in the throat will occur, or at least prove trifling. I am not unaware, that such an opinion may meet with ridicule from those who have not witnessed this action of the remedy, but my confidence in the remedy is the result of clinical experience.

I would put fifteen drops of the green tincture or ten drops of the fluid extract in four ounces of water, and give it in teaspoonful doses every half hour or hour, till the skin becomes moist and the pulse comes down to nearly a natural frequency, or nausea ensues. When either of these conditions are attained, suspend the veratrum a few hours till the fever rises again, and then repeat it; or, what is perhaps a better plan, as these conditions are produced, give the doses at longer intervals, from two to four hours. For older persons give doses in proportion to age. An adult may take from one to three drops at a dose with the same object in view.

The depressing effect of the veratrum is to be watched, and if it occurs will be manifested by nausea, profuse cold perspiration, and rapid falling of the pulse, even below seventy beats to the min-

ute. I have never seen any of these ill effects from its use when blood poisoning of this character was present, and I have given it freely, but when it has been given under other circumstances I have seen common doses manifest alarming consequences.

Alternate the veratrum with one or two grain doses of the second decimal trituration ($\frac{1}{50}$ to $\frac{1}{25}$ of a grain) of the *red iodide of mercury* (the pink powder mentioned elsewhere) every three or four hours. Let it be dropped into the throat and dissolved.

As an antiseptic and tonic the use of quinine has many advocates and should be given in one to three grain doses repeated in from four to six hours, adults larger doses. Many physicians combine it with the tincture of chloride of iron, thus :

Quinine, - - - - - -	½ dram.
Tincture Chloride of Iron, - -	2 drams.
Syrup, - - - - - - -	2 ounces.

Dose — A teaspoonful in a wine glass of water four to six times in twenty-four hours, for children four to six years old. To protect the teeth it may be sucked through a glass tube. If the quinine gives rise to deafness, or buzzing in the ears, it is to be suspended twelve to twenty-four hours and then resumed in smaller doses.

A gargle of five drops of carbolic acid in an ounce of water used freely and frequently repeated is good practice ; if a little is swallowed it is not harmful.

Blowing a few grains of powdered sulphur into

the throat through a quill or tube, is highly recommended by many physicians.

I have found an infusion of bayberry bark, into a pint of which two or three drams of the chlorate of potash has been dissolved, used freely as a gargle, very effective. It is not unpleasant and speedily heals the ulcerations.

The employment of caustics and forcible removal of the exudation are things of the past, and only employed when speedy death from suffocation is threatened.

The kidneys and bowels may need attention during the disease, though the use of the iron mixture will be likely to be all the kidneys will require, and if the bowels need opening a small dose of castor oil suffices. Active catharsis is not to be thought of.

It is well to continue the iron and quinine though in smaller doses until convalescence is thoroughly established.

The warm sponge bath repeated two or three times a day is beneficial and should be employed. Tepid water, or water containing a little carbolic acid, suffices for the bath.

CEREBRO-SPINAL MENINGITIS.

This exceedingly fatal disease is also called *spotted fever*. It is infectious, and usually occurs as an epidemic, prevailing as a rule in circumscribed localities, and does not seem to be retarded by the best sanitary regulations. The young and vigor-

ous as well as the debilitated and infirm are among its victims But little is known regarding its cause.

Symptoms.— The symptoms vary according to the severity of the disease to such an extent that Stille has termed it the "chameleon-like disorder." The attack commences abruptly with lassitude and muscular pains, soon followed with a chill, intense headache, vomiting, dizziness, and great prostration. There may be mental excitement amounting to delirium, but this gives way sooner or later to depression and a disposition to sleep, or unconsciousness. At first there is intolerance of light and sound, to be replaced later on, by insensbility to both. The greatest suffering is from the pain in the head and spine. A curious symptom is that when the patient is insensible, a slight pinch, or even the attempt to open the eyelids will call out an expression of pain.

The muscles of the neck, back and extremeties become painful and rigid, the head drawn backward and the back curved so that the body describes the arc of a circle. The face is pale and shrunken, the features pinched, indicative of great suffering. Muscular twitchings occur and in some cases general convulsions. The surface of the body is very sensitive to the touch and a slight motion sometimes will be sufficient to excite a spasm.

Some little time may be consumed with these

symptoms so that the disease may not reach its height for three or four days, but in the severer forms of the malady, the patient is suddenly stricken down with a chill and dies in a few hours, without showing any signs of a reaction. In such cases the chill is speedily followed by a rapid sinking of all the vital powers, the skin becomes blue and cold, the blood settles in blotches under the skin in various parts of the body, perhaps oozes from the nose, gums, mouth and skin, and there is a short period of delirium followed by a stupor from which the patient never revives.

So rapidly may the disease do its work that the characteristic bending backward may not occur, and I have seen cases in which the blood spots did not appear till after death.

In mild cases the muscular pains, headache, stiffness of the muscles, fever, etc., may be present two or three days, and then gradually disappear without the development of the other symptoms.

When recovery does take place there may be a long period of great nervous irritability, feebleness, together with more or less perversion of all the faculties.

Fatal relapses sometimes take place after several weeks of apparently satisfactory convalescence.

Treatment.—Great diversity of opinion prevails in regard to the proper treatment of cerebro-spinal meningitis, and no suggestions I may offer should be permitted to take the place of professional

attendance. The variable character of the attack necessitates the best judgment in the selection of remedies. In the severer cases all our efforts seem powerless.

Many physicians regard opium in some form or other, either administered by the mouth, or what is preferred, hypodermic injections of morphine, pushing the remedy to the extent of relieving the muscular rigidity, modifying pain, and preventing convulsions, as the remedy *par excellence.*

The dose required to produce this effect is usually larger than would be necessary under other circumstances. The remedy is generally regarded with favor by both American and European physicians, and it may be said that it relieves pain better than any other drug even if it accomplishes no other good.

It is best adapted to those cases in which the force of the attack is manifested by inflammation of the brain and spinal membranes, but in those cases in which disintegration of the blood occurs so rapidly, we are compelled to employ stimulants mainly.

The use of veratrum has been productive of success in some cases in which inflammatory action together with the symptoms of blood poisoning were combined, enormous doses have been given, and contrary to its supposed poisonous action, no bad effects were manifested until the severity of the disease had begun to yield, when the doses had

to be lessened. In one case that came to my knowledge, a small child having been given up by several physicians was given enormous doses of veratrum, and made a speedy recovery.

I must confess, however, that I should not want to resort to such heroic medication, and in its employment would carefully watch the approach of prostration, to guard its depressant action by stimulants, particularly at the time prostration occurred as a consequence of the disease.

I would use veratrum thus:

Fluid Extract of Veratrum,	20 drops.
Water,	4 ounces.

Dose — For a child, three to five years old, a teaspoonful every two hours.

With a view to its alterative and derivative influence I would give:

Podophyllin,	1 grain.
Cream of Tartar,	1 dram.
Opium,	2 grains.

Mix, and make eight doses, and give one to a child four or five years of age, every four hours until they produce pretty free watery evacuations from the bowels Given in this way it will not be very likely to gripe nor disturb the stomach

The application of heat to the back of the neck and spine is a measure recommended by good authorities, and may be managed by cloths wrung out of hot water, or hot bottles of water. This should be frequently repeated and often gives decided relief. It may be aided bythe free applica-

tion of the following liniment applied when the hot cloths are being changed :

Tincture of Aconite Root, - -	½ ounce.
Tincture of Opium, - - -	½ ounce.
Tincture of Arnica, - - -	1 ounce.

Mix.

Perspiration is to be encouraged before the extreme prostration has developed, and for this purpose ears of corn boiled and wrapped in cloths and applied around the patient is an excellent way of applying moist warmth.

Attention to the bladder should not be forgotten. This organ is often paralyzed and will need measures for its relief. Heat placed over the lower abdomen will sometimes succeed, but, if it fails, a catheter must be used.

Prostration must be combatted by stimulants, among which ammonia, capsicum, and alcohol are at the head, together with moderate doses of quinine. But little can be said as to the dose. It must be governed by the effect, while they do good, retard the failure of the vital powers or improve symptoms, they may be pushed, but many times they will produce but a transitory affect or no result at all.

From the commencement a good nutritious diet must be given. Beef essence, animal broths, eggs, milk, milk punch, etc., should be given alternating so that some nourishment is administered as often

as once in three hours. Stimulants, as already remarked, are to be given cautiously.

During convalescence, quinine and iron, are necessary and may be given for a considerable length of time.

SMALL POX.

Small pox. or *variola*, is an eruptive fever, propagated by a specific contagion, running a definite course, rarely attacking a person more than once, though cases are on record where it has attaked individuals, twice and even three times. It is caused by exposure to the effluvia arising from the small pox patient, during the pustular period, or from excrementitious matter thrown off during the disease How long this matter retains its infectious character is unknown, but it is certain that it may be conveyed in the clothing or otherwise, a long time after these media have been exposed to the contagious material.

Symptoms.— After exposure to the contagion, a period of incubation, varying from seven to eighteen or even twenty days — usually about twelve — elapses, before any special indications of the disease appears. Then there is headache, lassitude, mental depression, and a severe chill, or perhaps several chills in succession. Fever develops with nausea and vomiting, intense pain in the back and legs, the headache becomes more severe, the mind confused which may amount to delirium. The

pulse is rapid, the tongue coated and the breath offensive, the throat sore and eyes bloodshot. In young children convulsions are apt to occur before the eruption comes out. The fever continues high until the eruption appears, which will be from the end of the second to the fifth day.

The eruption, which is the diagnostic mark of the disease, first appears on the forehead and scalp, about the eyes and mouth, and then extends to the body and extremities.

When the eruption is delayed till the fourth day and the pustules well separated from each other, the attack is likely to be mild and is called *discrete* small pox; but when it appears early, and the eruption so close that the pustules run into each other it is apt to be severe, and is then termed *confluent* small pox.

The eruption first appears as small red pimples, which gradually becomes more prominent. These pimples are at first hard, but disappear for a moment under pressure. About the third day, and sometimes as early as the second, there appears upon the top of these pimples, a small vesicle containing a transparent fluid, in the center of which there will soon appear a small depression or pit. They attain their size about the eighth day after the attack, and the fluid in them then becomes opake and in two or three days they begin to dry down and form scabs.

When the eruption has first appeared there is a

diminution of the fever, the headache and pain in the back and limbs are relieved, but return again about the seventh or eighth day and continue for a longer or shorter period, dependent largely upon the severity of the case, and the amount of matter reabsorbed into the system; the chills and fever being due to the blood poisoning going on.

About the tenth or eleventh day the swelling of the face subsides, and the hands and feet swell. There is now great itching, and the vesicles break and pour out a liquid matter that forms crusts that are the cause of the disfiguring pits.

In the severer forms the return of the fever is accompanied with intense pain in the head and back, with delirium which may be so acute as to necessitate constant watching. Diarrhœa and intestinal hemorrhage sometimes occur during this stage.

In some cases the disease is so mild as to require little or no attention, while in others it is of the most malignant character, and the sufferer is reduced to a mass of putrescency. Between these extremes may be seen all grades of intensity.

Treatment.—Small pox has a regular course to run, and the object of treatment therefore, is to mitigate its severity and guide it to a successful termination.

It is highly important to isolate the patient at once, and maintain a rigid quarantine to prevent the spread of the disease.

Secure a commodious, well ventilated apartment where the atmosphere need not become loaded with the emanations from the patient, not too cold, nor yet too hot, and maintain as nearly an even temperature as possible, and let the room be well disinfected by carbolic acid or other disinfectants freely sprinkled about.

Give the patient a warm sponge bath two or three times a day in which a small quantity of carbolic acid is dissolved.

For two or three days before the characteristic eruption appears it will be difficult to determine the disease unless it is prevailing in the vicinity, or the patient is aware of having been exposed to it. As soon, however, as it is known that the disease is small pox give:

Fluid Extract Veratrum,	10 drops.
Fluid Hydrastis,	30 drops.
Water,	4 ounces.

Mix, and to a child five years old give a teaspoonful every hour, lengthening the intervals as the fever subsides and increasing when the fever increases, and continue till the fever disappears. This will also control the stomach.

The internal use of carbolic acid, is believed by some to be of value in diminishing the severity of the blood poisoning, and a drop in half a wineglassful of water may be given three times a day

The *saracenia,* or pitcher plant has acquired something of a reputation in this disease, and is believed to materially lessen its severity. The influsion of

the plant, an ounce steeped in a pint of water, and the whole taken in twenty-four hours is regarded as the best mode of administration.

Should the condition of the bowels require a laxative, a seidlitz powder, calcined magnesia, or some of the laxative mineral waters in appropriate doses may be given.

Pain, irritation, and wakefulness may be so severe at times as to demand the use of opiates, when paregoric, or tincture of opium, or Dover's powder may be given in suitable doses to afford ease and sleep.

To prevent pitting a great variety of plans have been tried, but the principle of them all is to exclude the air. The following is a good formula:

Carbolic Acid,	1 dram.
Fluid Hydrastis,	1 ounce.
Glycerine,	5 ounces.

Mix, and apply with a soft brush or camel's hair pencil, carefully avoiding breaking the pustules. Repeat the application several times a day as often as it partially dries. It will allay the troublesome itching and disposition to scratch.

From the first a supporting diet must be given, beef tea, mutton broth, eggs, milk, oysters, etc.; and particularly is nourishment demanded at the time of the maturation of the pustules; at this period the use of milk punch, brandy, or whisky sling should be used to support the vital powers and favor the process of pustulation. If the eruption strikes in suddenly warm drinks should be given,

and milk punch, or camphor sling, made by putting three or four drops of the spirits of camphor into a cup of warm sweetened water, should be repeated every three or four hours. In the severer cases the eyes should be protected by darkening the room or covering them with a mask.

Diarrhœa may occur and should be treated with small doses of the neutralizing mixture and perhaps two to ten drops of the fluid extract of cranesbill, small doses of the tincture of cinchona, say five to ten drops for children, every two or three hours, is well adopted to the necessity.

During convalescence, nourishment is usually of more consequence than medicine, except the hydrastis in two or three drop doses, or the cinchona in five or ten drop doses, three times a day, increasing the dose in adult patients proportionately.

CHICKEN POX.

Chicken pox, or *varicella* is a mild eruptive disease having some resemblance to small pox, but very much milder. An eruption appears — generally much scattered, principally on the body — as small red pimples which soon develop into vesicles, and in some instances becomes pustules.

It rarely appears in children over ten or twelve years old, is of short duration, seldom leaving any pit, and generally last three to six days. It almost invariably appears as an epidemic, and is supposed

to depend upon some specific contagion, the susceptibility to which is exhausted by one attack.

There is seldom any fever till the eruption appears, then the temperature raises somewhat, and there may be headache, thirst, constipation, irritation of the eyes, severe itching, etc.

But little or no treatment is necessary. If there is much fever a mild laxative of citrate of magnesia, and a few drops of aconite in a glass of water, given in teaspoonful doses every hour or two is all that is necessary in the way of medicine. A warm bath, and precaution against taking cold should be employed.

MEASLES.

Measles, or *rubeola*, is a contagious eruptive fever, due to a specific poison, propagated by contact with the sick or some article of clothing, in which it may be carried long distances.

Measles prevail epidemically, at any and all seasons, but most generally during cold weather, and is then most severe, attacking all ages, but principally the young. It seldom attacks a person more than once, and is apt to be more severe among adults than children. It is attended with a more or less serious inflammation of the mucous membrane of the respiratory organs, varying from a slight catarrh to a severe bronchitis or pneumonia.

Symptoms.— A period of incubation varying from seven to fourteen days — generally about ten

days — after the exposure, febrile symptoms accompanied by catarrh make their appearance. The early symptoms may not differ materially from a common cold ; there are chills and fever, coughing and sneezing, discharge from the nose ; the eyes become inflamed, sensitive to the light, and watery ; there is headache, the throat feels raw, and there is hoarseness with thirst, disturbance of the appetite, etc. These symptoms vary greatly in intensity.

Usually on the fourth day from the beginning of these symptoms, the characteristic eruption appears upon the face, in the edges of the hair and forehead, whence it extends to the neck, breast, body and extremities, reaching its maximum in thirty-six to forty-eight hours. The eruption then remains stationary two or three days when it gradually disappears, in about the order of its appearance, and by the eight or ninth day is all gone.

This characteristic eruption appears as small dull or dingy red, slightly elevated circular spots, resembling flea bites ; at first separate with intervals of naturally colored skin between them, but soon run together in such a manner as to form crescent shaped patches, slightly elevated above the surface of the skin.

The symptoms described are sometimes varied, and the eruption may appear out of its regular order. A person may wake in the morning after a restless night covered with the eruption, without

having noticed the early symptoms; or the "breaking out" may be delayed beyond the fourth day.

The only disease measles are likely to be confounded with is scarlet fever, but there are distinguishing features. The eruption of measles is darker than that of scarlet fever, and gives the skin greater roughness; it being at first separate, then forming the crescent shaped blotches, while the eruption of scarlet fever is usually in patches of a bright red color.

In measles the eruption appears later than in scarlet fever. In measles it is first seen on the face and forehead, in scarlet fever on the neck and chest. In measles the catarrhal symptoms are characteristic except in very mild cases, but are rarely present in scarlet fever though the throat is sore. These characteristics, though varying somewhat in different cases, will generally enable the reader to make a correct diagnosis.

During the development of the eruption the fever is generally pretty high, and there may be delirium, but when the measles are well out, it subsides, unless the bronchial irritation is so severe as to cause its renewal. When the eruption declines naturally, yellowish discolorations remain and the skin is thrown off in fine scales.

Sometimes the eruption is slow in coming out, or suddenly receeds after it has made its appearance, when the fever is likely to be greatly aggravated, and the bronchial irritation becomes a

serious and troublesome complication. This often develops into pneumonia, which is liable to leave behind a pulmonary disease that may terminate in consumption. Ordinarily measles are not a severe disease. Some years they are extremely mild, while in others the mortality is great.

When the eruption is very dark, and the powers of life greatly depressed, malignancy being the type of the disease, it is often termed *black measles.*

Treatment.— In mild cases very little medicine is required, a hot foot bath, a warm sponge bath, and warm drinks, with extra precations against taking cold, may be all that will be needed. Care must be taken to prevent taking cold for some time after the disappearance of the eruption. If the fever is excessive, aconite is the remedy, and may be given alone or in connection with the pleurisey root or asclepias, thus:

Tincture Aconite Root, - -	10 drops.
Fluid Extract Asclepias, - -	2 drams.
Water, - - - - - - -	4 ounces.

Dose — A teaspoonful every hour or two. This will not only modify the fever and induce moderate perspiration, but will materially aid in bringing out the eruption.

When the eruption is tardy in making its appearance I would add five drops of tincture of belladonna to the above prescription and give in the same way.

The cough may require a remedy, then give:

Tincture Ipecac,	15 drops.
Tincture Drosera,	30 drops.
Water,	4 ounces.

Mix, and give a teaspoonful every two hours, continuing the aconite.

Should the bowels be constipated an injection is preferable to physic; or if medicine is to be used, a mild dose of castor oil, or calcined magnesia may be given, but I prefer not to use cathartics while the eruption is out, as it favors its sudden "striking in."

Secure rest at night by a warm bath, and if necessary a dose of Dover's powder, adapted to the patient's age.

When the irritation of the lungs is great, and does not yield to the foregoing, as will sometimes be the case, and a true bronchitis or pneumonia developing, the chest should be enveloped in warm fermentations, or the mush jacket as advised for pneumonia, be employed. Then give.

Fluid Extract Lobelia,	½ dram.
Fluid Extract Asclepias,	3 drams.
Morphine,	½ grain.
Syrup of Squills,	4 ounces.

Dose — One-fourth to one teaspoonful every two to four hours, sufficient to afford relief, the dose to be varied according to age.

Throughout the disease the diet should be nutritious. Give broths, soups, milk, milk punch, tea, toast, etc.

When all the symptoms are disappearing and the condition of the lungs does not require any special remedies, I give tincture of pulsatilla ten drops in half a glass of water, in teaspoonful doses, every two or three hours.

When there is great malignancy, supporting treatment is demanded, and milk punch, whisky toddy, beef tea, eggnog, etc., are called for, and quinine should be given in from one to five grain doses every four hours according to the age of the patient. The eyes often need protection, and may be lightly bandaged or the patient be kept in a darkened room.

SCARLET FEVER.

Scarlet fever, *scarlatina*, or "canker rash," as it is variously called, is essentially a disease of childhood and rarely attacks a person but once. It is an infectious and contagious eruptive fever, characterized by a scarlet colored eruption on the skin, associated with an inflammation of the throat. It is communicated by contact, or inhaling the exhalations of a person affected with it, and may be conveyed in the clothing for long distances.

Physicians recognize three varieties of the disease, distinguished by its severity: the *simple*, the *anginose*, and the *malignant*. Scarlet fever in any form is to be dreaded, for it is a treacherous malady; an attack slight at first may become severe as it progresses, and teminate fatally, and mild cases are

often followed after convalescence is established by a fatal disease of the kidneys; on the other hand cases that are severe at the outset, become milder as they progress and terminate in complete recovery.

Symptoms.— After exposure to the contagion four to eleven days intervene when the attack begins with chills, more or less severe, languor, headache, fever, nausea and vomiting. Convulsions frequently replace the chills in young children. The throat is sore, the tonsils swollen and inflamed. In twenty-four to forty-eight hours from the beginning the characteristic eruption of the disease makes its appearance upon the neck and upper part of the chest, whence it extends over the rest of the body. In severe cases the eruption is delayed.

The eruption consists of numerous little points or spots, of a bright scarlet color, which diffuse themselves uniformly over the skin, or appear in large irregular patches. This vivid color of the skin disappears under pressure, but quickly returns when the pressure is removed.

At first the tongue is covered by a light yellowish coating through which numerous elevated points may be seen; about the fourth day this coating falls off leaving the surface of the tongue raw, and the elevated points swollen, giving it something the appearance of a large strawberry, from which we have "the strawberry tongue" of scarlet fever.

About the fifth day from the beginning of the attack the eruption begins to decline, and in a day or two — remaining longer in severe than in mild cases — it has entirely disappeared. The eruption is often attended by a troublesome itching; as it recedes desquamation of the skin commences, first falling off in a minute scurf, and later in large scales.

In the mild or *simple* variety the symptoms are mild, and the trouble of the throat is not severe, the eruption comes out early and is of a pale rose color, and soon fades.

In the *anginose* form all the symptoms are aggravated, the swelling of the throat is severe, and swallowing very difficult. On examination of the throat, the tonsils are seen swollen, dark red, and the mucous membrane presents more or less ulceration; the breath is offensive, and there is an acrid discharge from the nose, and the glands of the neck are inflamed, often forming abscesses. The eruption is more general, and the whole body presents the appearance of a "boiled lobster."

The occurrence of the eruption gives no relief, but all the symptoms are apt to be aggravated. In this form the eruption does not follow the regular course, it does not come out so early and may soon recede; it often shows a tendency to recede and reappear, and the throat is likely to remain sore for sometime.

In the *malignant* form we have all the severity of the anginose variety from the first, and a state of prostration soon develops that rapidly assumes all the characters of typhoid. The pulse is small, irregular, indistinct, soft and so rapid as scarcely to be counted. The eyes are a dull red, with intolerance of the light, the cheeks flushed and dusky, and there is deafness, and delirium or stupor. The eruption is very dark colored, comes out late and disappears again in a few hours.

The tongue, teeth, and lips are covered with dark incrustations, the breath is exceedingly fetid, the breathing is rattling and laborious ; swallowing exceedingly painful and difficult, sometimes the whole neck becomes a dark livid color, the throat sloughs, and an offensive diarrhœa occurs. These symptoms are very likely to terminate in death on the second, third or fourth day. This form of the disease even under its most favorable circumstances, is extremely fatal.

Severe kidney complications may occur in any form of the disease and attention to the secretion of the urine should never be overlooked, as entire suppression sometimes takes places. Relapses are of common occurrence and diseases of the lungs, eyes, ears, diarrhœa, dropsy, etc., often remain as sequellæ of scarlatina.

Treatment.— In the milder forms of the disease the objects of treatment are to modify the fever, and promote the appearance of the eruption.

A well ventilated room in which an even temperature can be maintained, is highly desirable. Then a tepid sponge bath repeated two or three times a day will materially aid in promoting the comfort of the patient. This bath may be rendered more efficacious, by making it alkaline by adding a tablespoonful of saleratus or baking soda, to each quart of water. Then give internally :

Tincture of Aconite Root,	10 drops.
Tincture of Belladonna,	5 drops.
Water,	4 ounces.

Dose — A teaspoonful every hour or two, as the fever is severe or mild.

Warm drinks, mint teas, warm lemonade, or hot whisky sling, in moderation, are useful in bringing out the eruption.

If the throat is sore enough to demand anything, put two drams of chlorate of potash in a goblet of water and gargle the throat every two or three hours, at the same time swallowing a teaspoonful of the solution.

In the *anginose* form make use of the bath, and warm drinks and give internally :

Fluid Extract of Veratrum,	10 drops.
Fluid Extract of Baptesia,	30 drops.
Water,	4 ounces.

Dose — A teaspoonful every hour.

Give two grain doses of the second trituration of the red iodide of mercury every three or four hours,

and between the doses gargle the throat with the chlorate potash solution, or in its stead gargle with the following :

Powdered Cayenne Pepper,	1 teaspoonful.
Salt,	2 tablespoonfuls.
Cider Vinegar,	4 ounces.
Boiling water to make a pint.	

Infuse and strain, and use freely.

The pungency of this mixture will make it objectionable to small children, but its use is apt to be followed by speedy relief. Children too small to use a gargle may have the throat mopped out with a soft brush or sponge, but rough usuage is not to be permitted.

If the bowels require unloading an injection of tepid water is preferable to medicine.

The tincture of chloride of iron is a useful remedy in this form of the disease, supporting the vital powers, neutralizing the poison in the blood, and promoting the action of the kidneys. The dose varies from five to twenty drops according to age. The following is an agreeable formula :

Tincture Chloride of Iron,	4 drams.
Simple Syrup,	3 ounces.

Dose.—One-half to two teaspoonfuls in a wine-glass of water, every four hours. As each teaspoonful contains ten drops it is easy to calculate the dose according to age.

If the child is old enough this may be taken through a glass tube to prevent contact with the teeth.

A stimulating liniment applied to the neck on a layer of flannel is serviceable, and the following answers well:

Hemlock Oil,	½ ounce.
Olive Oil,	½ ounce.
Spirits of Hartshorn,	½ ounce.
Spirits of Camphor,	½ ounce.

Mix.

Anointing the entire body three or four times a day with vaseline does much good, allaying the troublesome itching and promoting the comfort of the patient. A ham or bacon rind is equally good if not better, though not quite so nice or fashionable.

If there be great prostration, add a dram of quinine to the Iron mixture already mentioned, and give as before. Stimulants may also be required, when milk punch, eggnog, wine whey, etc., are the most desirable forms. If they quiet and strengthen, they do good, but if they cause delirium they do harm, and should be suspended.

If there is great nervousness, give a few doses of:

Tincture of Gelseminum,	60 drops.
Water,	4 ounces.

Dose — A teaspoonful every two or three hours, timing its administration so as not to interfere with other remedies that are being given at stated intervals.

If the functions of the kidneys fail and the urine becomes scanty, and thickens on being heated give:

Acetate of Potash,	2 drams.
Tincture of Apis,	15 drops.
Water,	4 ounces.

18 Dose — A teaspoonful every four hours in plenty of water.

Care must be taken to determine that instead of there being no urine secreted, the bladder be not overfull, having lost its power of evacuation. When this is the case the bladder can generally be felt distending the lower abdomen. A hot sitz bath may afford relief, or a hot fermentation of hops on which a little spirits of camphor is sprinkled may be applied over the bladder. If these fail, instrumental measures will be necessary. The bedding of children too young to tell may be found wet, and yet the bladder be distended with urine, that which dribbles away being in excess of the capacity of the bladder. Distinction must be made between *suppression*, or failure of the kidneys, and *retention*, or failure of the bladder to expel its contents.

In the *malignant* form of the disease treatment is very uncertain and unsatisfactory, yet every effort must be made, stimulants are to be given perseveringly, brandy, milk, beef tea, eggs, etc. The iron and quinine already advised should be given, and the bathing kept up, substituting a little cayenne for the soda. Then give internally:

℞ Tincture Rhus Tox., - - - 5 drops.
Tincture Belladonna, - - - 8 drops.
Fluid Extract Baptisia, - - - 1 dram.
Water, - - - - - - - 4 ounces.

Mix. Dose — A teaspoonful every two hours.

Throughout the disease a nutritious diet should be given, and alternated so that every few hours some easily digested nourishment is given, as beef

tea, mutton broth, eggs, milk punch, wine, soft toast, etc., etc.

Disinfectants should be exposed in the room, as chloride of lime, sulphurous acid gas, carbonic acid gas, carbolic acid, etc., as has been advised in diphtheria, small pox, etc.

Dropsical complications may occur after the subsidence of the other symptoms, usually about the twenty-first day, and seems most liable to follow those cases that have been mild. When it occurs put ten drops of apis and thirty drops of apocynum canabinum in a goblet half full of water, and give a teaspoonful every four hours, and alternate with ten drops of Fowler's solution in a like quantity of water, given in teaspoonful doses between the doses of the other.

The alcoholic vapor bath may also be used at the same time with a view to remove the dropsical effusion through the skin by perspiration.

During convalescence in the severer cases tonics are needed and the elixir of calisaya and iron in appropriate doses suits the requirements well.

It is perhaps needless to add that a physician be called at the outset who can watch the developments of the case and take advantage of conditions as they arise. I have detailed the treatment more particularly for the benefit of those who cannot have medical aid without delay, and as a guide in his absence, and not by any means to supercede him.

ERYSIPELAS.

This affection is a peculiar form of inflammation

of the skin, and tissues immediately beneath it, with a disposition to extend itself over large surfaces, and accompanied by more or less severe febrile disturbance. When it arises spontaneously it is termed *idiopathic* erysipelas ; but when it attacks wounds it is called *traumatic* erysipelas. It is generally considered contagious, and sometimes occurs as an epidemic, though isolated cases of the simple form is often met. The traumatic form is often epidemic in hospitals.

Symptoms.— In isolated cases of the simple or superficial variety there may not be very general disturbance, the disease being localized on the skin. The skin inflames and is attended by an intense itching or burning sensation, with redness, which so gradually merges into the surrounding tissues that it is almost or quite impossible to tell where it begins or ends. This simple form scarcely merits a description except to illustrate an extreme of the disease.

In the severer forms in addition to the symptoms mentioned, there is a chill at the outset, though it may be slight, soon followed with fever, loss of appetite, headache, nausea and perhaps vomiting, and there may be stupor or delirium when it attacks the face or head. A sensation of intense heat is felt in the skin where the disease shows itself, stinging and itching, and attended with a swelling or puffiness, with a vivid redness which in a little while assumes a purple hue. The swol-

len skin presents a glistening appearance and is very sensitive.

Erysipelas frequently attacks the face and head though no part of the body is exempt. When it occurs in loose tissues like the eyelids, the swelling is much greater than in tightly drawn tissues, but the latter are most painful. The swelling of the face is often extreme ; the eyes may be closed and great deformity exist. Sometimes small blisters or vesicles appear on the affected surface. When the deeper structures are affected abscesses form, and typhoid symptoms are developed. The inflammation generally reaches its height in two or three days, and in a day or two longer gradually declines and the skin assumes a yellowish hue and peels off.

It often happens that when the inflammation has arrived at its greatest height at the point of its commencement, it will spread to adjacent tissues before it declines, and in other instances advance in one direction as it declines in another, while at other times it leaves one point to attack another entirely remote. When situated on the head and face there is always danger of inflammation of the brain.

Its ordinary duration is from seven to fourteen days, but it may assume an erratic form and wander about, receding in one direction and spreading in another, keeping up its maximum severity.

Treatment.— In the milder cases give :

Veratrum,	10 drops.
Water,	4 ounces.

Mix. Dose — A teaspoonful every hour or two, and apply the same frequently to the affected surface. I have often arrested it in isolated cases by applying the fluid extract of veratrum to the affected surface.

It is well to give children five drops of the tincture of chloride of iron in a wineglassful of water three times a day, however mild the case may be.

In the severer cases the veratrum should be used more energetically to subdue the fever, and if there is great redness of the skin, headache, and delirium, combine the veratrum with belladonna thus :

Fluid Extract of Veratrum, -	15 drops.
Tincture of Belladonna, - -	5 drops.
Water, - - - - - - -	4 ounces.

Dose — A teaspoonful every hour or two.

In the vesicular form of the disease, alternate the last named prescription with :

Tincture of Rhus Tox., - - -	5 drops.
Fowler's Solution, - - - -	5 drops.
Water - - - - - -	4 ounces.

Dose — Give a teaspoonful every two to four hours.

The use of iron, as already described, alone or associated with quinine is a very popular remedy with many physicians, particularly when the disease attacks persons previously debilitated. When constipation is present a laxative may be necessary, and a seidlitz powder, Rochelle salts, calcined magnesia, or even castor oil may be given. The diet must be nutritious and sustaining, animal broths, toasts, tea, milk, etc., and if the prostration is great

stimulants may be necessary. The use of the tepid sponge bath will always allay fever and add to the patient's comfort. Let the hygiene be as thorough as possible. During recovery iron and calisaya makes an agreeable tonic.

DIARRHŒA.

Diarrhœa is an affection characterized by an increased frequency of the discharges from the bowels, of variable quantity and consistence, associated with derangement of the digestive function, but usually unattended with fever, inflammation, or hemorrhage. It prevails largely among children, at all seasons, but principally in the summer months. It often occurs as a symptom of other diseases and is one of the consequences of general blood poisoning. It is due largely to irritation of the intestinal tract from overloading the stomach, eating unripe, indigestible or irritating food, the presence of worms, imperfect digestion, biliary disturbances, want of tone in the bowels, teething, etc.; and in young children it is often caused by improper articles of food when the child first commences to eat, impure milk, etc.

Symptoms.— The symptoms of diarrhœa vary considerably. There are frequent evacuations of the bowels of a more fluid character than is natural. The discharges are generally preceded by a rumbling noise, uneasiness in the lower part of the abdomen, with a sense of weight or pressing down,

which is relieved as soon as the evacuation is completed, but returns before the succeeding one occurs. In some cases the griping is severe, while in others it may be wholly absent. The tongue is usually coated, there is a bad taste in the mouth, and often nausea and vomiting. If the disease continues long, the strength is reduced, emaciation occurs, all the various functions are disturbed and the skin becomes dry and sallow. The appearance of the stools varies greatly.

In diarrhœa arising from *irritation* of the bowels, due to acrid, indigestible food, green vegetables, over-feeding, the presence of worms, or from cold, etc., there are frequent, copious, offensive discharges, preceded by griping, flatulence, nausea with coated tongue, loss of appetite, headache, and if it continues any length of time, prostration. When *indigestible food* is the cause, particles of the food may be seen in the evacuation. If due to *worms*, these parasites whole or in pieces may be seen, but the reader is referred to that subject for a more complete description. When from *teething*, there will in addition to the other symptoms be irritation of the nervous system, swelling of the gums, and the symptoms generally accompanying teething.

When the disease is due to *lack of tone* in the intestines, the relaxed vessels pour the watery portion of the blood into the intestinal canal where it is mixed with the other matters, thus causing copious watery stools, in addition to the other symptoms.

The prostration in this form is rapid. When diarrhœa is caused by an *excessive secretion of bile,* the passages will at first be mixed with greenish yellow matter, semi-solid and offensive, which as the disease advances becomes more watery. The mixture of the vitiated bile with the acids of the stomach when present in much quantity in the intestines, occasions severe griping and offensive green discharges, mixed with mucus. The griping does not wholly cease after the evacuation, and there is tenderness in the right side and pit of the stomach. The mouth tastes bitter, the tongue has a dirty yellowish white coat, the appetite is lost, the skin is dry, and the urine scanty and high colored. The presence of bile in the stools can generally be recognized by its appearance and smell. These symptoms may be so combined and varied that a given case will not admit of classification under any of the recognized forms of the disease, and the discharges may amount to merely a looseness, and may consist of mucus, or be watery, and present every shade of color, and odor.

Diarrhœa is distinguished from dysentery by the absence of fever, inflammation, and hemorrhage, which are characteristic of dysentery. There is an affection known as *acute intestinal catarrh* which occupies a position midway between the two diseases and may occasion some confusion. It will be considered separately.

Treatment.— When the diarrhœa is due to the

presence of irritating materials in the intestinal canal, as unripe fruit, indigestible food, etc., or the excessive secretion of bile. It is a good plan to preface all treatment with a mild purgative, which aids the efforts of nature by the expulsion of the offending matter, and often puts an end to the whole trouble. For this purpose the following is a good prescription, and very nearly resembles the old fashioned neutralizing mixture. Take :

Fluid Extract of Rhubarb,	2 drams.
Bi-carbonate of Soda,	2 drams.
Essence of Peppermint,	½ dram.
Brandy,	4 drams.
Simple Syrup,	4 drams.
Water sufficient to make four ounces.	

The dose of this for children, from two to five years old, is a teaspoonful or a little less, repeated every two hours, until it appears in the stools, or a bright yellow color is seen in them, when it is to be stopped.

A small dose of castor oil is good but not as satisfactory as the foregoing.

If either of the foregoing does not put a stop to the diarrhœa make use of the following mixture :

Tincture of Camphor,	1 dram.
Tincture of Opium,	1 dram.
Tincture of Catechu,	1 dram.
Tincture of Capsicum,	½ dram.
Essence of Peppermint,	½ dram.
Brandy to make two ounces.	

Dose — Ten to thirty drops, according to the age of the child, repeated every two to four hours or oftener in violent cases. It should be given in warm sweetened water.

With these two prescriptions the majority of diarrhœas may be controlled, varying the doses to suit the age of the patient and violence of the attacks.

Diarrhœa in which the tongue is heavily coated, but which is not due to over-eating, etc., but in which there is griping, flatulence, rumbling noise in the bowels, with offensive semi-fluid stools, is generally controlled very readily by :

Fluid Extract of Mandrake,	5 drops.
Fluid Extract of Veratrum,	3 drops.
Water,	4 ounces.

Dose — A teaspoonful every hour or two.

Painless watery diarrhœa, will usually yield to five drops of the compound tincture of cinchona in a teaspoonful of water, repeated every hour or two. It is also beneficial in those cases in which there is a want of tone in the intestines.

When it is due to the irritation of teething, if the gums are swollen, lancing them freely is advisable. Then give :

Fluid Extract of Gelseminum,	10 drops.
Tincture of Aconite Root,	5 drops.
Water,	4 ounces.

Dose — A teaspoonful every hour or two, and alternate it with :

Fluid Extract of Mandrake,	5 drops.
Water,	4 ounces.

Dose — A teaspoonful every hour or two, between the doses of the former.

Great care should be exercised in administering

opiates and astringents to children in intestinal disorders, for, though potent for good when properly employed, they are equally productive of harm when mismanaged.

During the disease attention must be paid to the diet, and only light and easily digested food should be allowed. Toast, rice, boiled milk, tea, etc., are among the best articles. The patient should at the same time be kept in the recumbent position as much as possible.

DYSENTERY.

This disease, also known as *flux*, *bloody flux*, *colitis*, etc , is an acute inflammatory affection of the lower bowel, attended with looseness. It is usually confined to the lower portion of the large intestine, and is attended with severe straining, bearing down, fever, and bloody stools, symptoms that distinguish it from diarrhœa.

Dysentery frequently occurs as an epidemic and is then more severe and fatal, than when it occurs in isolated cases. It is met with oftenest during the autumnal months. When dysentery occurs as an epidemic it is supposed to be due to some poisonous germs floating in the atmosphere. It is also caused by malaria, and when occurring in the fall may be due to cold and moisture following intense heat ; cold, improper diet, etc.; a cause of considerable importance, is the chilling of the surface of the body during the autumn, when cool nights fol-

low hot days. A person retires with a covering sufficiently comfortable at the time, but wakes in the night with a sense of chilliness. This causes the blood to recede from the surface, and being driven upon the intestines, by repetition, predisposes to the development of dysentery, on the operation of some additional cause however slight.

Symptoms.— It will frequently be observed that constipation has preceded the attack, but for a couple of days before the disease develops there is loss of appetite, languor, uneasiness or tenderness in the lower part of the abdomen, chilliness, nausea, etc.; soon there is an increased frequency of the evacuations, with griping, etc.; as inflammation develops in the lower bowel there is burning and pain in the rectum, the discharges become more frequent and less abundant; there is a constant desire to go to stool, and great efforts are made to expel something, which only results in the ejection of small quantities of mucus which are apt to be streaked with blood. As the discharges pass through the inflamed parts they occasion intense pain.

These symptoms continue to increase, and the quantity of blood becomes greater. The evacuations vary in appearance, sometimes frothy, containing portions of fecal matter, mucus, and blood. Again they appear like the washings of meat; sometimes they are wholly mucus, or perhaps pure blood. More or less fever attends these symptoms,

with dry, coated tongue, thirst, great prostration, and in malarious sections there will be evidence of congestion of the liver and obstructed circulation.

Dysentery has no regular duration and may yield in a few days or it may be protracted into weeks. As the disease progresses, ulceration of the parts affected is liable to occur, when pus will appear in the discharges. The appearance of brown chocolate colored discharges, great prostration, typhoid symptoms, etc., indicate great danger; but the reappearance of the fecal matter, except when it is passed in hard lumps, is generally a favorable omen, as a decline in the inflammation is likely to follow, even though the suffering and all the other symptoms may continue for two or three days longer before much improvement is noticed.

Treatment.— To empty the bowels by the use of the rhubarb mixture advised for diarrhœa, before the development of severe inflammatory symptoms, is a judicious measure. Then put the patient upon :

Tincture of Aconite Root,	10 drops.
Fluid Extract of Gelsemium,	10 drops.
Water,	4 ounces.

Dose — A teaspoonful repeated every two hours, unless the characteristics of gelsemium appear, as double or indistinct vision, drooping lids, etc., when the dose must be lessened or given at longer intervals. This will not be likely to occur from this dose, except in very young children. For adults the dose must be materially increased. Alternate the foregoing with :

Corrosive Sublimate,	½ grain.
Fluid Extract of Ipecac,	1 dram.
Water,	8 ounces.

Dose — A teaspoonful every two to four hours, according to the severity of the symptoms.

These remedies have proved themselves so near specifics in my hands that I place great reliance upon them.

If the pain and tenesmus are severe, I give a dose of paregoric or laudanum once in eight hours, until some degree of comfort is obtained. The dose should be proportioned to the age of the patient, and should only be given at night when it can be avoided during the day. I prefer, however, to use these opiates in the form of an injection into the bowels. For a child, three years old, five drops of laudanum mixed with a tablespoonful of starch water, and injected slowly once in six or eight hours, and retained as long as possible. If rejected immediately it should be repeated sooner, and care is necessary not to hurt the intestine while using the injection

Diet is of the greatest importance in this disease and no solid food is to be permitted. If there is nausea and irritation of the stomach, lime water and milk in about the proportion of one part of the former to eight of the latter. If the stomach will accept it, beef tea, oysters, mutton broth, boiled milk, soft boiled rice, tea, tapioca, etc.; if prostration is extreme, milk punch. To allay the thirst permit small pieces of ice to slowly dissolve in the mouth ; this is far better than copious draughts of any liquid.

The whole body should be frequently sponged with warm water made alkaline with a little soda.

Warm fomentations of hops over the abdomen will often afford material relief. They must be light and never be wet enough to drip. The sick chamber should be kept well ventilated, and disinfected with carbolic acid daily, and the discharges from the bowels must be removed at once and thoroughly disinfected or buried.

ACUTE INTESTINAL CATARRH.

This disease, also called *muco enteritis,* is an inflammation of the mucous membrane of the small intestine, and occupies a position between diarrhœa on the one hand and dysentery on the other, partaking to some extent of the nature of both. It may result from cold, or the irritation of particles of undigested food, or from other causes of intestinal troubles. It may extend upward and involve the stomach, or downward to the large intestine.

Symptoms.— Muco-enteritis generally begins with pain and tenderness about the navel, griping, and a frequent desire to evacuate the bowels. There is diarrhœa, but whether the evacuations be large or small they do not relieve the desire to go to stool. The evacuations vary, sometimes yellowish, thin, acrid, and mixed with mucus and sometimes tinged with blood. If the stomach is involved there will be vomiting. If it extends to the large intestine there will be the straining characteristic of dysentery. There is languor and chilliness, or perhaps a severe chill, fever, and pain about the navel, the

appetite is lost, the tongue coated with a yellowish fur, and in the severer cases, it is dry with redness of the tip and edges. In some cases the prostration is great, and typhoid symptoms develop, pressure on the bowels reveals tenderness and pain, the stools are variable, the desire irresistible, yet perhaps very little or nothing passes.

Treatment.— The use of the popular "diarrhœa medicines" in these cases are often worse than nothing, frequently aggravating the disease. The function of the skin should be re-established as soon as possible, and for this purpose a vapor bath, or even a warm bath should be employed at the commencement. The patient should then be put into a warm bed and moderate perspiration promoted, care being taken, when getting up to evacuate the bowels, to be well wrapped to prevent taking cold. I then give:

Tincture of Aconite Root,	10 drops.
Fluid Extract of Ipecac,	10 drops.
Water,	4 ounces.

Dose — A teaspoonful every hour or two. Alternate this with:

Fluid Extract of Mandrake,	10 drops.
Water,	4 ounces.

Dose — A teaspoonful every two to four hours, between the other doses, and continue it until the discharges become more natural in appearance and consistence.

If there is much blood in the stools with mucus and severe straining, in place of the mandrake I would give:

Corrosive Sublimate,	½ grain.
Water,	8 ounces.

Dose — A teaspoonful every four hours.

Counter-irritation over the bowels with mustard or with turpentine applied a few moments at a time on a cloth, answers a good purpose in many cases.

The thirst which is sometimes extreme may be allayed by allowing small pieces of ice to melt in the mouth, and will not aggravate the diarrhœa as large quantities of fluids are apt to do. The diet must be light and no solid food allowed, beef tea, mutton broth, boiled milk, soft boiled rice, soft toast, tea, etc. The warm sponge bath should be repeated two or three times a day. As a rule opiates do not act kindly in these cases.

Usually this treatment will produce a very favorable impression in two or three days, but care must be observed, for the disease is extremely liable to relapse, even after the discharges have had a natural appearance for several days. When a relapse occurs it necessitates a repetition of the treatment, in which case it is to be supplemented with a few doses of quinine, proportioned to age, given after the active symptoms have declined. This is more particularly demanded when malarial influences exist. A looseness of the bowels sometimes remains that will demand the administration of astringents. For this purpose two to five drop doses of fluid extract of cranesbill is one of our best remedies, and may be repeated two to four times a day. A pure article of Hungarian wine answers an excellent purpose, combining as it does an excellent astringent with a mild stimulant, it must

however be used cautiously, or it will induce constipation that may be followed by a relapse. An infusion of red raspberry leaves answers well. Blackberry cordial, or an infusion of the blackberry root are agreeable astringents, and some of them are always within reach.

CHOLERA MORBUS.

This is an acute disease characterized by vomiting and purging, associated with derangement of the functions of the liver. It may occur at any period of the year, but is most frequently met with in the latter part of summer and autumn, and prevails more extensively some years than others. The influence of extreme heat upon the functions of the liver is a powerful predisposing cause. Sudden changes in the weather, eating improper food, unripe vegetables and fruits, of which cucumbers, green apples and plums, are most deserving of mention; drinking freely of icewater when overheated, ice cream, impure milk, etc., etc., are the most frequent exciting causes.

Symptoms.— In a large per cent. of cases it will be ascertained on careful inquiry that there has been present, for a few hours or days, some derangement of the stomach, nausea, coated tongue, flatulence, with a sense of weight, and oppression, as if some of the food eaten remained in the stomach undergoing fermentation instead of being digested, sometimes accompanied by diarrhœa.

These premonitory symptoms are not always present or are so mild as to attract little or no attention.

The real attack generally comes on suddenly and violently, sometimes a severe chill wakens the patient from a sound sleep, soon to be followed by a pain in the bowels, nausea, vomiting and purging. At first the matter vomited will consist of partly digested food, mixed with mucus, and a dirty yellowish or greenish fluid, and the discharge from the bowels will consist of ordinary feces mixed with a similar matter as that ejected from the stomach. The discharges become more fluid as the disease goes on, containing for a time more or less vitiated bile. In severe cases the discharges soon take on the characteristic "rice water" appearance of Asiatic cholera. The discharges are profuse, frequent, and sudden, and rapidly exhaust the patient, so that he becomes so weak as to scarcely be able to move in bed. The weight of the body is rapidly reduced. There is a terrible thirst present, but drinks are rejected almost as soon as swallowed. Spasmodic contractions of the muscles of the lower extremities frequently occur, and sometimes the abdominal muscles are involved. These cramps are exceedingly painful. The pulse is small and frequent, the surface cold and bathed with a cold perspiration, the face appears blue and pinched. If relief is not obtained the prostration is increased, the mind wanders, insensibility and collapse occur to end in death. The disease lasts from a few

hours to two or three days, but sometimes it is followed by a secondary fever, lasting a week or more. Usually the disease is easily recognized, and in the majority of cases, particularly with proper management, recovery takes place.

Treatment.—The irritable condition of the stomach demands attention. The time was when emetics were regarded as about the only thing capable of accomplishing this object, but alas! how mankind changes. Emetics are no longer the *fashion*, and we seek to accomplish the same end by entirely different means, and we suggest:

Fluid Extract of Ipecac,	5 drops.
Fluid Extract of Veratrum,	5 drops.
Water,	4 ounces.

Dose — A teaspoonful every ten minutes.

Apply over the stomach a mustard paste or plaster, and keep it on until the skin is considerably reddened. Apply dry warmth to the extremities, brisk rubbing, with or without dry mustard, will aid in stimulating the circulation and relieving the cramps. Endeavor to restore warmth to the surface. Do not permit large draughts of any fluid, but allay the thirst by allowing small bits of ice to melt in the mouth. Give internally:

Tincture of Camphor,	1 dram.
Essence of Peppermint,	½ dram.
Essence of Jamaica Ginger,	1 dram.
Chloroform,	1 dram.
Brandy to make two ounces.	

Dose — Five to fifteen drops according to the age of the child, with larger doses for adults, given in hot water sweetened, and repeated every fifteen to thirty minutes, oftener if rejected. At the same time continue the ipecac and veratrum.

This prescription alone, is a powerful stimulant to the nervous system, aids in controlling the vomiting and diarrhœa, relieves the cramps in the extremeties, and fulfills most of the indications that call for medicine in the disease.

When the stomach has been brought under control, we may use the following for the liver:

Tincture of Leptandra, - - 1 dram.
Aromatic Syrup Rhubarb, - - 1 ounce.

Dose — A teaspoonful every two or three hours until bile is seen in the stools, and they begin to appear natural again. This dose is for a child from five to ten years old.

Fricton and dry warmth to the extremeties must not be overlooked for this and cholera are the diseases above all others in which "heat is life."

Sometimes the vomiting is very obstinate. If it does not yield to the measures already advised in a short time, other means should be employed. Iced champagne will sometimes succeed. An infusion of peach leaves, is efficient in some cases. Or if it can be procured the compound tincture of cajeput in 15 to 20 drop doses every quarter or half hour, is one of the best remedies. It is best taken on a little sugar. If collapse threatens, artificial warmth and stimulants, and two drops each of the tincture of camphor and cayenne in water every ten or fifteen minutes. Inhalation of ammonia, is also beneficial. If necessary, persevere with these means, and many apparently hopeless cases will be restored to health.

After the acute symptoms are over, there will re-

main a debility and prostration which may be met with the following :

Tincture of Cinchona Compound,	½ ounce.
Tincture of Nux Vomica,	20 drops.
Simple Elixir to make four ounces.	

Dose — One-half to one teaspoonful three times a day, larger doses for grown persons.

Convalesence is usually rapid.

CHOLERA INFANTUM.

This disease, popularly termed the "summer complaint of children," is one of the greatest foes of infancy, and is one of the most difficult diseases we are called upon to treat. It prevails more extensively in cities and towns than in the country, and is usually met with in the first and second years of a child's existence. There are several varieties of the disease, a fact that has occasioned much diversity of opinion ; and as any attempt to distinguish the different types of the disease could only result in confusing the readers, I will omit it.

There is serious perversion of the nutritive functions, with vomiting and diarrhœa, sometimes acute at others chronic, sometimes accompanied by fever and sometimes without.

Causes.—Impure food, the heat of summer, bad water, bad air, unhygenic surroundings, irritation of the nervous system from teething, etc., all contribute to the production of the disease. Frequently several of these causes are combined. The country districts present decided advantages for children ;

ther the heat is not usually so intense or continuous; the ventilation is better; the water pure and not poisoned by the conductors it traverses; the milk is better, unmixed, and unadulterated, and not subjected to the natural changes that occur in it on account of time after leaving the cow, and the agitation of transportation; vegetable food is obtained before it undergoes retrograde metamorphosis The opportunities for out door exercises are greater, etc. The disease frequently occurs about the time of weaning, or when young children are subjected to a change of food, which combined with other causes are sufficient to develop it. Even when fed upon its mother's or the nurse's milk, unhygenic surroundings, dietetic or sexual imprudence may cause such a change in the milk as to be exceedingly deleterious to the child, and thus aided by other causes, induce an attack of this disease. The mother's or nurse's milk even while plentiful, may be so impure or impoverished, as to be a sourse of the disease.

Nursing bottles, unless cleansed at regular intervals with the greatest care, develop disease germs with great rapidity, and are a great abomination. The more complicated they are, the more difficult they will be to cleanse, and consequently the worse for the child. Impure air, often the result of decaying matters, pregnant with disease germs is not backward in its contributions to the developement of the scourge.

Symptoms.—Necessarily the symptoms of this

disease vary. Vomiting and diarrhœa, however being present in all cases, but in variable severity. These with the intense thirst, the great prostration and rapid emaciation, furnish us with means of diagnosis however much the other symptoms may vary. There may be an increased irritability of the child, with diarrhœa, for several days, but attracting little attention. This may increase slowly, the nausea, vomiting and thirst, gradually developing. In other cases the attack comes on suddenly and is severe at the outset.

The passage from the bowels at first contain fecal matter, little odor, or perhaps a sour smell, but as a rule they are very offensive, the odor sometimes penetrating every part of the house. The stools frequently contain partially digested food, mixed with stringy mucus, yellowish, greenish, or clayey in color, or are perhaps almost white, with curds of undigested milk, and sometimes streaked with blood. In other cases the stools are watery, and it is not unusual to see them change rapidly, presenting all these peculiarities in turn. The thirst is intolerable, incessant, and the fluids taken are almost immediately rejected or discharged by the bowels. The child is uneasy, restless, never satisfied, desiring constant change, or it may lie semi-stupefied, roused at intervals by paroxysms of pain that seem to resemble the pains of cholera morbus, the child suddenly screaming and then lapsing into the stupor again.

The nervous system is very irritable, and often disease of the brain complicates the case.

As the disease progresses the eyes become sunken and partially closed, the lips are dry, parched, bleeding, the countenance pale, the skin dry and pinched, and rapid emaciation takes place. The bowels are tender. An eruption often appears upon the buttocks, or excoriated by the discharges, contact with the stools or urine occasion, great smarting and pain, is materially added to the child's suffering.

The pulse is mall, quick, tense; the tongue at first coated with a whitish fur, becomes dry and glossy. All the symptoms are generally worse at night, and a remission towards morning apt to occur, but rapid changes are likely to take place at any time.

When the brain is affected, the head becomes hot and is rolled from side to side, or the child sinks into a stupor, the eyes rolled upwards, the lids but partially closed, the pupils dilate and do not contract on exposure to the light.

There may be as many as fifty stools in twenty-four hours, but as a consequence, when so frequent, the quantity at each passage will necessarily be small.

Some times the disease assumes a more chronic form and the symptoms are not so severe, and some of them may be absent, but the vomiting and diarrhœa reduce the child to a skeleton, the skin becomes dark and harsh with livid spots, the mouth filled with apthous ulcerations, the tongue swollen or perhaps shrunken, and the stools acrid and

offensive. In such cases acute symptoms, or disease of the brain are sometimes developed and destroy the child. The disease may last from three days to two weeks, leaving the child in a broken down condition from which it will require months to recover. In others, the alternate periods of getting better and worse will protract the case for weeks and even months. Absolute safety from a relapse is never certain until the warm season is passed, and the cool weather is accompanied with a complete convalescence ; and even then there is no immunity against a recurrence the next season, except the child be over two years old, when there is comparative safety.

Treatment.—Reference to medical writings will convince the reader that the profession is at sea in this complaint, and it is no wonder with this experience many prefer to rely on the nursing and care of "grandma" or "aunty" instead of resorting to "doctor's stuff."

Pure air is essential, and a removal to the country, particularly an elevated situation, is desirable. This cannot always be done, and in cities every effort should be made to render the air as pure as possible, by the removal of every thing offensive; avoid, dark, damp rooms, and secure plenty of sunshine, even though the heat has to be modified by shades, but with the sunshine secure constantly changing air. Allay the inordinate thirst by a spoonful of cold water often repeated, it is very grateful, and

though too much will be rejected, small quantities repeated often are generally acceptable. Small bits of ice dissolved in the mouth are beneficial. The ice *must* be clear and pure; repeat the bits often; break them so fine that if swallowed they will not do any harm.

Food must be given with caution. The mother's milk, if there is no reason to withhold it, is the best food for a nursing child, but it must be permitted sparingly, and only at stated intervals. It should be remembered that the child will often take the breast or bottle eagerly on account of thirst instead of hunger, and that water is far preferable to food to quench that terrible want. A spoonful of water under such circumstances, affords the child far greater satisfaction, and does far more good than to feed it.

If cow's milk is the diet, be particular to secure only that which is pure. It is to be preferred from one cow only, and should not be over twelve hours old if it is possible to obtain it twice a day. People living in the country have a decided advantage in this respect. Lime water may be added to milk advantageously in the proportion of an ounce to a pint. See that the nursing bottle is thoroughly cleansed and scalded after each feeding. Diminish the quantity of food from that taken before the sickness began, and only give it at intervals of two to four hours. Sometimes the milk will be rejected by the stomach because it is too rich in fatty matter,

in such cases skim it, but do not go to the other extreme and starve the child on the shadow of milk.

The juice of raw meat is sometimes very acceptable, and better than milk, add a little salt to it to make it palatable and give half to one teaspoonful every two hours. Carefully watch all food and if it disagrees *set it aside.* I have seen weak mutton broth agree nicely sometimes when other food was rejected. I have seen skimmed milk accepted and agree well when unskimmed was loathed and rejected. This is not apt to happen in cities. There are many artificial foods in the market, of their relative value I am not prepared to speak. When tried it should be cautiously and under advisement of a physician. The digestive process being almost wholly, if not quite, suspended, there is usually more danger of over-feeding than starving the child. Small quantities, digested, do good, but large amounts are apt to undergo fermentation and add to the existing trouble.

Bathing is not to be omitted. If the child is feverish, restless, thirsty, tepid bathing is decidedly beneficial and should be repeated several times in twenty-four hours. A sponge bath is most proper, and care should be observed that the clothing is not left wet.

The removal of the discharges from the bowels should be effected immediately and disposed of so that no smell is left behind. As the buttocks are very apt to get sore, a little vaseline rubbed on the

parts each time the change is made will afford protection. Powdered starch or lycopodium is also good, and may be freely dusted on.

For medicine if there is fever with diarrhœa and vomiting give :

Tincture of Aconite Root,	5 drops.
Fluid Extract Ipecac,	5 drops.
Water (one-half goblet),	4 ounces.

Dose — A teaspoonful every half hour and as the fever abates lengthen the interval. Alternate with :

Fluid Extract Nux Vomica,	2 drops.
Water,	4 ounces.

Dose — A teaspoonful every hour or two.

If instead of fever there is great prostration, cold extremities, vomiting, redness of the eyes and tip of the tongue, stools offensive and acrid, change the prescriptions and give :

Fluid Extract of Ipecac,	5 drops.
Fluid Extract of Nux Vomica,	2 drops.
Water, (one-half goblet)	4 ounces.

Dose — A teaspoonful every hour, and mix ten drops of the second or third homeopathic dilution of arsenicum, in half a glass of water and give a teaspoonful every three or four hours, between the doses of the ipecac and nux. If this preparation of arsenicum can not be had, substitute five drops of Fowler's solution in one-half glass of water and give in the same manner.

In alternation with the ipecac and nux, the neutralizing cordial of the eclectic school is in great favor with many. I esteem it highly if the tongue is moist with a whitish fur, the matter vomited sour, or the stools clay colored, sour or curdy. For

these cases I prepare it thus and consider it better than the usual preparation on account of the omission of the sugar, which is always in the preparation as usually obtained:

Pulverized Peppermint Leaves, -	½ dram.
Pulverized Rhubarb Root, - -	1 dram.
Bi-carbonate of Soda, - - -	1 dram.
Boiling Water, - - - -	4 ounces.

Cover, let it stand until cool, strain and add half an ounce best brandy, and give in teaspoonful doses every hour until its peculiar color is seen in the stools, then give it three times a day. The addition of one-half grain of subnitrate of bismuth in each dose often materially enhances its value.

When we have the vomiting under control, we have gained an important point. If the stools are copious, watery, offensive and apparently painless, while keeping on with the ipecac and nux I would give two to five drops of the compound tincture of cinchona, every three hours in a teaspoonful of water. When the discharges begin to yield lengthen the intervals between the doses.

If the trouble depends on irritation from teething, and the gums are hot and swollen, lance them, and give in alternation with the neutralizing cordial above:

Fluid Extract Gelsemium, - -	10 drops.
Water, (one-half goblet) - -	4 ounces.

Dose — A teaspoonful every hour or two until the irritation of the nervous system is relieved.

The use of pepsin in grain doses just before or after the feeding will aid the digestion of the food

taken at that time, and is a valuable auxiliary to other means.

After the urgent symptoms are passed, a looseness of the bowels, or a feebleness of the digestion often remains. In such cases continue the pepsin at the time of feeding, and also give three to five drops of compound tincture of cinchona in a spoonful of water about four times a day. This however may be replaced by hydrastis in some form or other, of which the fluid, without alcohol, five drops in two ounces of water given in teaspoonful doses three or four times a day, answers a good purpose.

I might add fifty or more other remedies to the above, but as they would be more apt to mislead than aid, I omit them. Many cases will occur, which, in the judgment of the attending physician require that other remedies should be given. In selecting but the few, I have endeavored to follow the principle of "the greatest good to the greatest number," and have consequently outlined the treatment I have found most serviceable in general practice.

EPHEMERAL FEVER.

Childhood is liable to a form of fever that has been termed *febricula*, or ephemeral fever, on account of its short duration. It lasts but two or three days as a rule but in some cases is protracted to six or even ten. Although of short duration the

fever is often intense. It is not accompanied by any of the characteristics that distinguish other fevers. It is due in the majority of cases to exposure to extremes of heat or cold, improper food, exhaustion, intestinal irritation, etc., or several of these causes combined.

Symptoms.— Ephemeral fever begins abruptly. There will be lassitude, with chilliness, the child will complain of feeling unwell, perhaps lie down, and wake up from a short nap with a raging fever, pulse quick and full, temperature high, tongue covered with a whitish fur, thirst, headache, sometimes restlessness, sometimes drowsiness, with pain in the limbs, bowels costive, the urine in some cases scanty and in others profuse. The skin may be hot and dry at first, while sometimes there is profuse perspiration. All these symptoms may terminate within twenty-four hours or they may last two or three days. Often it terminates with profuse perspiration.

Treatment.—Many cases terminate without any treatment at all. I would however advise that, whenever it continues beyond a few hours, bathing with water at a temperature most agreeable to the patient be repeated every three or four hours, using a sponge or towel bath.

Open the bowels with a small dose of a saline cathartic as calcined magnesia, seidlitz powder,

Rochelle salts, or effervescing citrate of magnesia Then give:

Fluid Extract of Aconite, - -	5 drops.
Fluid Extract of Gelsemium, -	10 drops.
Water, - - - - - - -	4 ounces.

Dose—A teaspoonful every hour or two.

Allay the thirst with lemonade, seltzer, or any of the carbonated waters, and let the diet be light. This plan will modify the severity of the fever and contribute to a speedy recovery.

WORMS.

Several varieties of worms infest the intestinal canal, but children are specially liable to the round or stomach worm, and the small white or pin worm.

The **symptoms** they occasion are variable; usually there is mal-nutrition, and a catarrhal condition of the bowels, plenty of mucus being favorable to their development. The appetite is capricious, sometimes absent and sometimes voracious, the breath offensive, acrid eructations, colicky pains about the navel, sometimes vomiting and diarrhœa, slimy stools, profuse urine, grinding the teeth, sudden starting in the sleep, picking the nose, fever, emaciation, hacking cough, irregular pulse, and sometimes convulsions.

In addition to these symptoms, when pin worms infest the lower bowel, there will be an intolerable itching of the anus, with slimy stools, etc. All these symptoms may be present, and yet we cannot

be absolutely certain that they are due to worms, unless we see them, or pieces of them, in the stools. Occasionally, however, they will be vomited up or crawl from the mouth. In little girls, pin worms will sometimes find their way from the rectum into the vagina, and give rise to troublesome itching and leucorrhœa, and sometimes irritation of the bladder.

Treatment.—The indications are to destroy the parasites, and improve the condition of the intestinal tract so as to prevent their reproduction. Worms are exceedingly prolific, and children of a scrofulous disposition, and those indulged in an excess of sweets or fed on unwholesome food, will be very apt to suffer from frequent repetition of the symptom, sunless the treatment to destroy them is repeated at intervals, and an improvement in the intestinal condition effected. For the first indication we have several remedies, even the common pumpkin seed is a good one. It may be eaten by the children, or steeped and the tea drank. The old fashioned infusion of pink root, and senna, was an effectual remedy. Turpentine fulfills the indication well, fifteen to twenty drops of spirits of turpentine in a dose of castor oil repeated every third day does well. Salt water gives temporary relief. I like the following: Take

Santonine,	10 grains.
Podophyllin,	2 grains.
Bi-carbonate of Soda,	30 grains.
Sugar,	1 dram.

Triturate thoroughly and divide into ten powders. To a child from two to four years old, give one-half a powder three times a day when the stomach is empty; for a child five to seven years old give a whole powder at a dose. Repeat daily for two or three days in succession until the podophyllin causes a looseness of the bowels, then omit for a week, and repeat the process. In a couple of weeks repeat again. During the intervals give a bitter tonic, of which I prefer grain doses of salicin, three times a day, or ten to fifteen drops of compound tincture of gentian in water before meals.

I have seen this plan do wonders for children sometimes. When convulsions occur, in addition to the use of the "worm medicine," give such treatment as is advised under the head of convulsions.

The pin worms infest the lower bowel, and remedies administered by the mouth are of little consequence. To effectually destroy them, it is necessary to apply the remedies directly. Injections are required, and a strong solution of salt and water is very effectual. An infusion of quassia chips is good, or fifteen drops of carbolic acid in a goblet of warm water may be used.

Whichever injection is selected should be used after the turpentine and oil, or santonine and podophyllin have acted on the bowels, and it should be repeated every two or three days until they are entirely destroyed. In using injections, let the quantity be sufficient to distend the folds of mucous membrane of the rectum, and reach all the hiding places of the parasites, or they will speedily be reproduced. At least half a pint should be used at a time, but not sufficient to distend the bowels so

much as to cause the child severe pain. The injection is to be retained a few minutes if possible.

This plan of treatment, simple as it may seem to some, will be found efficacious, and has the advantage of being available under nearly all circumstances.

Although we have already exceeded the intended scope of the present edition, the author realizes that there are many other subjects deserving consideration that must be left to the future. Still if the directions already given shall enable woman to find even partial relief from sickness and pain, and render her assistance in the preservation of her darlings, and the promotion of their welfare, his object will have been accomplished.

NEUTRALIZING MIXTURE.

This valuable preparation, so much in use by the eclectic school, for dysentery, cholera morbus, diarrhœa, vomiting, etc., is variously prepared by different physicians. The following formula will be found convenient and efficacious. The pulverized peppermint leaves, from the plant gathered fresh each year, will be found preferable to the oil or essence. Take,

Indian or Turkey Rhubarb, -	1 ounce.
Bi-carbonate of Potassa, - -	1 ounce.
Peppermint Leaves, Pulverized, -	½ ounce.

Mix. Put it in a covered stone or porcelain jar, and add a pint of boiling water. When cold add one-half pint of best brandy and one-half pound of loaf sugar. Let it stand a day or two and then strain through cloth, and bottle.

Dose—For an adult a tablespoonful every half hour. For a child two to four years old a teaspoonful every two hours.

Some add cinnamon and cloves to the above formula, but I do do not know that they increase its efficacy.

The bi-carbonate of soda may be substituted for the potassa if necessary.

Mother's will find this an excellent preparation to have at hand for the stomach and intestinal disorders to which everyone, large and small are liable. It will keep indefinitely. On page four hundred and eighteen I have given a prescription for its extemporaneous prepration, but this is to be preferred if at hand.

SQUAW VINE COMPOUND.

On page ninety-seven appears directions for the preparation of this plant with the blue cohosh. As the black cohosh may be added to it and all taken together during the last months of pregnancy, many will prefer to prepare the whole at once

rather than to steep a little daily as I have elsewhere advised. For this purpose the addition of alcohol in some form will be found necessary to preserve the mixture during its use. The following will be convenient. Take:

Squaw Vine, - - - -	½ pound.
Blue Cohosh, - - - -	¼ pound.
Black Cohosh, - - - -	¼ pound.

Bruise all together and steep it slowly in two quarts of water in a closed vessel for twenty-four hours, keeping up the quantity of liquid, by adding from time to time as much water as is lost by evaporation. Then press out and strain through cloth, and reduce the liquid by evaporating at a general heat, to three pints; add one pound of loaf sugar, and when cold a pint of best whisky or gin. A small quantity of essence of wintergreen may be added as a flavor if desired. Bottle, cork tight and keep in a cool place. It will be better to put it in several small bottles than one large one, so that but a small quantity is opened to the air while taking it.

Dose—A tablespoonful four or five times a day.

When there is an unusually irritable condition of the nervous system, and particularly the uterus, with a disposition to miscarriage, the addition of one-fourth pound of cramp bark (viburnum) to the above compound will be advantageous. This of course must be done while steeping. When added no change will be necessary in the dose.

INDEX.

Abnormal development, - 231
Abscess of the Breast, - 192
Acrid vaginal discharge, - 236
Acute intestinal catarrh, - 426
Afterbirth, Removal of, - 173
" Disposition of, - 176
After delivery, Management, 177
Afterpains, - - - 184
Age of wife, - - - 37
Ammenorrhœa, - - - 251
A mistaken notion, - 37, 89
Anæsthetics, - - 142
" Dangers of, - - 142
" How to use, - 146
" Objections to, - 146
" Popular opinions, - 149
" Statistics of, - - 144
" Views of physici's, 148 151
An Indian tradition, - 93
Appetite morbid, - - 109
A practical conclusion, - 43
Apthæ, - - - - 333
Attention to the child, - 174
Attention to the mother, - 177
Attitude in disease, - 321
Attributes of man, - 17
Bandage, The - 157 159
Bathing, - - 74
" Dr. Shew on - - 77
" Children, - - 206
Baths, - - - - 76
Barrenness, - - - 220
Beer and malt liquors, - 199
Black cohosh, - - 98
Bladder, Irritation of - 140
Bloody flux, - - 420
Blue cohosh, - - 95
Bone forming diet, - 86
Bony development of child, 66
Breasts, - - 313
" Abscess of - - 315
" Arrested development 314
" Cancer of - 316
" Inflammation of - 314
Cancer, - - 302
Canker, - - 333
Causes of pain, - - 58
Causes of sterility, - 222-229
Cerebro-spinal meningitis, 386
Changes in pregnancy, - 40
Change of Life, - - 304
Chicken pox, - - 392
Child, Attention to - - 174
" Its bowels, - - 210
" Delay in breathing, - 171
" Its urine, - - 211
" Washing and dressing, 175
Chloroform, - - 143
Cholera Infantum, - 431
" Morbus, - - 427
Chronic Pneumonia, - 353
" Inflammation of womb, 272
Circulation in children, - 324
Cohosh, Black - 98
" Blue - - - 95
Colds, - - - 335
Colic, Infantile 215
Colustrum, - - - 195
Composition of bone, - 82
" of food, - 81
Conception, Philosophy of 224
" Prevention of 33, 237
Congestion, Ovarian - 311
Constipation, - 100, 114
Consumption, - 355
Convalescence after birth, 181
Convulsions, - - 141, 330
Cord, Umbilical - - 170
Couch for labor, - - 158
Cough, - - - 118
Countenance in disease, - 320
Cow's milk, - - 197
Cramps, - - 125
Croup, - - 340
Curvature of neck of womb, 213
Deformities, - - - 62
Delay in child's breathing, - 171
Diarrhœa, - - 116, 415

Dietetic measures, - - 81
Diet in infancy, - - 201
Difference in suffering, - 49
Diphtheria, - - - 378
Diseases that cause sterility, 222
" of children, - 318
" of women, - - 249
" of women, cause of 62, 250
" of women, fashionable 275
Discharges in disease, - 322
Dispensation of providence, 47
Disposition to miscarry, - 126
Displacement of womb, - 286
Doses for children, - 319
Dress, influence of, - - 178
Dressing the child, - 175
Duration of labor, - - 56
Dysentery, - - - 420
Dysmenorrhœa, - - 257
" Inflammatory, - 250
" Mechanical, - 263
" Membraneous, 238, 260
" Neuralgic, - 257
Early marriages, - - 39
Effect of child's condition on pain, - - 65
Effect of lacing, - - 60
Elongation of neck of womb, 233
Ephemeral fever, - - 440
Enteritis, mucous, - - 424
Erysipelas, - - - 411
Excoriations, - - - 327
" of nipples, - 191
Exercise, - - - 72
Expression of countenance, 320
Eyes, inflammation of - 212
Failure of kidneys, - 188
Fainting, - - - - 123
Falling of womb, - 287
False pains, - - - 161
Fecundity, period of, Duncan, 242
Feeding and physicing, - 194
Fever, Ephemeral, - 440
" Milk, - - 183, 190
" Scarlet, - - - 403
Flatulence, - - 110, 189
Flooding, - - 131, 173, 178
Formation of bone, - 216
General signs of disease, - 319
Gestures in disease, - 321
Headache, - - - 120
Healthy organs painless, 51
Heartburn, - - - 112
Hemorrhage after birth, 174-178
How much to eat, - - 89
How to toughen children, 205
Husband and wife should sleep apart, - 79
Hygienic management, - 70
Hygiene, Object of - 71
Hymen, Imperforate, - 226
Imperforate hymen, - 226
Inadaptability, - - - 247
Incontinence of urine after labor, - - - 188
Inflammation of the eyes, - 212
" of the lungs, 347
" of the womb, 272
Influenza, - - - - 336
Instincts, Maternal, - 30
Intelligence of children, - 207
Interests of man and woman, 25
Intestinal catarrh, Acute, 424
Involution of the womb, - 180
Irregular menstruation, - 256
Irritability of bladder, 140, 281
" of the womb, - 64
Is pain necessary, - - 46
Jaundice, - - - 211
Jolting, - - - - 209
Kidneys, Derangement of 103
" Failure of - 188
Kinds of food, - - 81
Labor, Management of - 154
" Preparation for 157
" Symptoms of - 160
Lacing, Effects of - - 60
Lack of milk, - - - 196
Late marriages, - - 39
Laws against preventing conception, - - 33
Laws of being, - - 26
Laws of civilization, - - 33
Leucorrhœa, - - 138, 267
Light, - - - - 74
Limitation of offspring, 34
Liver spots, - - - 120

Lochia, - - - - 181
Longings, - - - 109
Love, - - - - - 18
Love's consummation is in marriage, - 20, 219
Lung fever, - - - 347
Malt liquors, - - - 199
Management after birth, 177
Management of labor, - 154
Marriage, Love's consummation, - 20, 219
Marriages, Early and late, 39
Maternity, - - - 28
Maternal instincts, - 30
Matrimonial contracts, - 32
Measles, - - - 398
Membraneous dysmenorhœa, - - 238, 260
Men's desire for offspring, 220
Menorrhagia, - 264
Menses, suppression of, - 254
Menstrual deragement, 239
Milk fever, - - 183, 190
Miscarriage, - - 127
" Causes of, 129
" Consequences of, 134
" Hemorrhage in, 130
" Management of, 132
" Symptoms of, 132
Modern customs, - - 59
Morbid appetite, - - 109
Morbid irritability, - - 64
Morning sickness, - 40, 104
Moth, - - - - 120
Motherhood, - - - 218
Mother's cordial, - - 97
Mother's marks, - - 42
Mother's milk, - - 196
Muco-enteritis, - - 426
Mumps, - - - - 369
Muscular development, 61
Neither sex complete alone, 20
Neutralizing mixture, 418, 446
Neuralgic pains, - - 139
Nervousness, - - 135
Nipples, - - - - 136
Non-bony diet, - - 87
Nursing bottle, - 197
Nursing sore mouth, - 193
Nursery discipline, - 207
Objects of hygiene, - 70
Occlusion of the uterine canal, - - - 234
Odors, - - - - 325
Ovarian congestion, - 311
" Debility, - - 239
" Diseases, - 241
Painless childbirth proved, 54
Pains, True and false, - 161
Palpitation, - - - 124
Passion, - - - - 20
Peculiar function of women, 251
Perineum, Support of, - 168
Period of fertility, - 38, 242
Pharyngitis, - - - 372
Philoprogenitiveness, - 29
Philosophy of conception, 224
Piles, - - - - 113
Pneumonia, - - - 347
Pneumonia, Chronic, - 353
Polypus, Uterine, - 230, 299
Position during labor, - 165
Position in treatment, - 294
Preparation for labor, - 157
Preparation for surgical operation, - - - 71
Prevention of conception, 33, 237
Pruritus, - - - 121
Pure air, - - - - 73
Quinsy, - - - 375
Reasoning powers, - - 18
Regularity of nursing, 198
Regularity of feeding, - 202
Regulating number of children, - - - 34
Remedial agencies, - 91
Remedies for constipation, - - - 100, 114
Remedies for kidney trouble, 103
Replacement of uterus, 291, 293
Retention of menses, - 251
Retention of urine, - 186
Retroversion of uterus, - 287
Rocking the baby, - 209
Rowbotham's idea, - - 83
Scarlatina, - - - 403
Scarlet fever, - - - 403
Sex, Neither complete, - 20

Sexual abuses, - - - 221
Sexual affections, - 240
Sexual attributes, - - 17
Shall woman control her functions, - - 32
Shew, Dr, on bathing, - 77
Signs of disease, - - 319
Sitz baths, - - - 76
Sleep for the mother, - 77
Sleep during infancy, - 199
Small pox, - - - 392
Sore nipples, - - - 136
Sore throat - - - 372
Squaw vine, - - - 93
Squaw vine compound, 97, 446
Stages of labor, - - 166
Sterility, - - - - 218
" Causes, - - 225
Stricture of the neck of the womb, - - 232, 308
Sub-involution, - - 296
Summer complaint of children, - - - 431
Supporters, - - - 290
Surgical treatment of uterine diseases, - 302
Suspension of labor, - 168
Swelling of extremeties, 92, 124
Teething, - - - 217
Temperament in menstruation, - - - 306
Temperamental incompatibility - - - 343
Temperamental questions, 245
The bandage, - 157, 159
The couch, - - - 158
The cord, - - - 170
The cry in disease, - - 323
The child, Delay in breathing, 171
The skin in disease, - - 324
The temperature, - - 325
The tongue, - - - 326
Therapeutic agencies, - 92
Thrush, - - - - 333
Too rapid delivery, - 56
Transmission of vitality, 24, 31, 42
True labor pains, - - 162
Tumors, - 62, 229, 298, 313
Turn of life, - - - 304
Ulcerations, - - - 327
Umbilical cord, - - 170
Urine, The child's, - - 211
Uterus compared with the other organs, - - 50
Uterine curvature, - 231
" Displacements, 228, 286
" Debility, - - 239
" Inflammation, - 272
" Polypi, - 230, 299
" Stricture, - 232, 308
" Tumors, - - 298
" Ulceration, - - 283
Vaginal discharges, 138, 181, 267
Vaginal lotions, - - 183
Vaginismus, - - - 309
Varicose veins, - - - 111
Variety of diet, - - 86
Ventilation, - - - 73
Vicarious menstruation, 267
Vital transmission, 24, 31, 42
Vomiting of children, 213, 328
Wakefulness, - - 122
Water for the baby, - - 203
Weaning, - - - 204
Wet nurse, - - - 197
Weight at birth, - - 65
What a pregnant woman should avoid, - 42
What a pregnant woman should cultivate, - 43
Who suffer most, - - 53
Whooping cough, - - 364
Why should women suffer, 47
Woman not always to blame for being sterile, - 243
Woman's legitimate object, 28
Woman's peculiar function, 258
Worms, - - - - 442

ARE YOU AFFLICTED

WITH ANY KIND OF

CHRONIC DISEASE?

For nearly a quarter of a century I have been investigating and treating all forms of obscure, delicate, chronic diseases. During this time I have developed a system of treatment, and discovered remedies with which I am able to cure, even after other remedies have been used in vain, all such obstinate, lingering maladies of both sexes, as kidney and bladder diseases, chronic nasal catarrh, asthma, bronchitis, and incipient consumption, diseases of the heart, liver, and nervous system. All blood poisons, rheumatism, gout, neuralgia, epilepsy, Saint Vitus' dance, spinal irritation, paralysis, all forms of diseases peculiar to women, as well as the ailments incident to men. Spermatorrhœa, impotency, strictures, etc., etc., etc.

By the method now pursued by me, all cases not requiring surgical treatment can be cured at their own homes with small expense.

I cordially invite all afflicted persons, no matter what the nature of their ailments may be, or of how long standing, or what treatment they may have tried in

vain, to write me. I make no charge for such consultation, and they may write me fully and freely in perfect confidence. No one sees their letters but myself, consequently any secret they confide in me will be perfectly safe.

The first step towards a cure is a correct diagnosis; this I can make without difficulty if the patient will answer my questions carefully. To enable them to do this I will send examination blanks to those desiring them. If on their return I find additional questions necessary I will ask them, until I obtain the necessary information. Analysis of the urine will be made whenever it can be of advantage or benefit to the patient, or necessary to complete my diagnosis.

Diagnosis is both a science and an art; qualifications all do not possess by any means, or there would be fewer mistakes, and more cures. My methods are based upon scientific principles, and are successful. I begin right, and then spare no pains for my patrons' benefit.

Occasionally there is a physician who will advise patients against being treated at a distance, but it is either because they are ignorant of the method pursued, bigoted or jealous. Sometimes they will appeal to the patients' incredulity, but there is usually a selfish motive in it, which a few have even carried so far as to prefer their patients should never get well than that somebody else should cure them. My experience extends over many thousands of cases in which every conceivable manner of complications existed. My opportunities have been practically unlimited, and certainly far better than one whose practice has been confined to a certain locality, and in this regard the aphorism that "practice makes perfect" is true if it ever is.

I can furnish the very best kind of references as to my qualifications and integrity, but I want all to investigate for themselves. If, on investigating any case submitted to me, I find it incurable, I will tell the patient candidly his or her condition.

Afflicted Reader, I offer you health. I can cure you if it is in the range of human possibility; but remember chronic diseases are progressive, they thrive by neglect; therefore do not procrastinate. Write me freely; it will not cost you anything, and may save your life. If the experience of a quarter of a century counts for anything, it is in your favor.

In writing me be explicit. Describe all the symptoms you experience. It is my province to unravel the tangled skein of pathological derangement. Describe your ailments in your own language and I will understand it and use it to your benefit.

Address all communications plainly, and they will receive prompt attention.

Respectfully and sincerely yours,

JOHN H. DYE, M. D.,
BUFFALO, N. Y.

P. S.—I will visit patients anywhere in the United States by appointment upon reasonable terms.